

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE

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**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <b>Valis Associates</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1700 Pennsylvania Avenue, NW #950</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20006</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Sharon Spillare</b>	Telephone <b>202-393-5055</b>	E-mail (optional) <b>wvalis@valisassociates.com</b>	5. Senate ID # <b>39757-90</b>
7. Client Name <input type="checkbox"/> Self <b>The Doctors' Company</b>			6. House ID # <b>31959001</b>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  >> Termination Date \_\_\_\_\_

11. No Lobbying

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) Internal Revenue Code

Signature

Filing #522ea1ba-4643-4473-aca6-fe5d5b5467a2 - Page 1 of 6

Date 8/12/2004

Signature \_\_\_\_\_

Printed Name and Title Sharon Spillare - Office Manager Page

Registrant Name: Valis Associates

Client Name: The Doctors' Company

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)
16. Specific Lobbying issues  
**No specific bill, No specific legislation, General medical malpractice and tort reform legislation**

17. House(s) of Congress and Federal agencies contacted  Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<b>Canino, Jill</b>	
<b>Schulze, Richard</b>	
<b>Sinden, Melissa</b>	
<b>Valis, Wayne</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_

Date 8/12/2004



Registrant Name: Valis AssociatesClient Name: The Doctors' Company**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client  
**Canino, Jill****ISSUE UPDATE**24. General lobbying issues previously reported that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature

Date **8/12/2004**

Signature \_\_\_\_\_

Printed Name and Title Sharon Spillare - Office Manager Page