

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 SENATE  
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## LOBBYING REPORT

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

|  |                                  |   |                                   |
|--|----------------------------------|---|-----------------------------------|
| 1. Registrant Name<br><b>The Endocrine Society</b>   |                                  |   |                                   |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>4350 East West Highway Suite 500</b> |                                  |   |                                   |
| 3. Principal Place of Business (if different from line 2)<br>City: <b>Bethesda</b> State/Zip (or Country) <b>MD 20814</b>  |                                  |   |                                   |
| 4. Contact Name<br><b>Susan Koppi</b>  | Telephone<br><b>301-941-0252</b> | E-mail (optional)<br><b>skoppi@endo-society.org</b> | 5. Senate ID #<br><b>13574-12</b> |
| 7. Client Name <input checked="" type="checkbox"/> Self  |                                  |   | 6. House ID #<br><b>3051 2000</b> |

**TYPE OF REPORT** 8. Year **2000** Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

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

**12. Lobbying Firms**  
INCOME relating to lobbying activities for this reporting period was:  
Less than \$10,000   
\$10,000 or more  → \$ \_\_\_\_\_  
Income (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).

**13. Organizations**  
EXPENSES relating to lobbying activities for this reporting period were:  
Less than \$10,000   
\$10,000 or more  → \$ \_\_\_\_\_  
Expenses (nearest \$20,000)  
**14. REPORTING METHOD.** Check box to indicate expense accounting method. See instructions for description of options.  
 Method A. Reporting amounts using LDA definitions only  
 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
 Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title **Susan W. Koppi, Director of Public Affairs**

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Registrant Name The Endocrine Society Client Name \_\_\_\_\_

**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  
Patient Bill of Rights  
Stem Cell Guidelines  
Health Appropriations  
Pub Med Central

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

United States House of Representatives  
United States Senate  
National Institutes of Health

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

| Name           | Current Official Position (if applicable) | New                      |
|----------------|---|--------------------------|
| Susan W. Koppi |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |
|                |   | <input type="checkbox"/> |

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

Signature *Susan W. Koppi* Date 8/29/00  
Printed Name and Title Susan W. Koppi, Director of Public Affairs

Registrant Name The Endocrine Society Client Name \_\_\_\_\_

**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

**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<br>(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<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Ownership<br>percentage in<br>client |
|------|---------|--|---|--------------------------------------|
|      |         |  |   |                                      |

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

Signature \_\_\_\_\_

*Susan W. Koppi*

Date \_\_\_\_\_

8/29/08

Printed Name and Title Susan W. Koppi, Director of Public Affairs

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