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RESUBMITTED APR 19 P

LOBBYING REPORT

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

1. Registrant Name C. KENNETH PROEFROCK			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. BOX 194			
3. Principal Place of Business (if different from line 2) City: PAWKEYS ISLAND State/Zip (or Country) SC 29585			
4. Contact Name SAME	Telephone 843-979-3596	E-mail (optional)	5. Senate ID # 51491-
7. Client Name <input type="checkbox"/> Self TUSKEGEE AREA HEALTH EDUCATION CENTER (TAHEC)			6. House ID # 3480000

TYPE OF REPORT 8. Year 2002 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 _____ If: No Lobbying**INCOME OR EXPENSES** - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD: Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature C. Kenneth Proefrock

Printed Name and Title C. KENNETH PROEFROCK, PRES. KPA ASSOCIATES

Registrant Name C. KENNETH PRIBEROCK Client Name TUSKEGEE AREA HEALTH EDUCATION C

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD

HCR

12. Specific lobbying issues (current and anticipated)

PHS, ACT, TITLE VII, AS AMENDED.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cot

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in th of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign a registration.

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

Signature C. Kenneth Proefrock Date 03/05/04

Printed Name and Title C. KENNETH PROEFROCK, PRES KPA ASSOCIATES

Registrant Name C. KENNETH PROEFROCK Client Name TUSKEGEE AREA HEALTH EDUCATION

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 Busin (city and state or coun

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	Ov per cli

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

Signature C. Kenneth Proefrock

Date 07/15/11

Signature [Handwritten Signature] Date 03/13/07

Printed Name and Title B. KENNETH PROEROCK, PRES., KPA ASSOCIATES

Form LD-2 (Rev. 6/98)

Page 02