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LOBBYING REPORT

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

1. Registrant Name <u>American Gastroenterological Association (AGA)</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>4930 Del Ray Avenue</u>			
3. Principal Place of Business (if different from line 2) City: <u>Bethesda</u> State/Zip (or Country) <u>MD 20814</u>			
4. Contact Name <u>Kathleen Teixeira</u>	Telephone <u>301 941-2637</u>	E-mail (optional) <u>kteixeira@gaastro.org</u>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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>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"/> ⇒ \$ <u>80,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of c</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitic</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(i) 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 Kathleen Teixeira

Printed Name and Title KATHLEEN KAYENIA, DIRECTOR OF GOVERNMENT AFFAIRS

LD-2 (REV. 6/98)

PA

Registrant Name AGA 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 MMM (one per page)

16. Specific lobbying issues

Advocate for changes to the Medicare Physician Payment Formula
Advocate for Medicare reform and regulatory relief for physicians
Advocate for changes to Medicare physician payments for gastrointest services.

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

US House of Representatives
US Senate
White House
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
Kathleen Teixeira	

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

Signature Kathleen Teixeira Date 12/9/03
Printed Name and Title Kathleen Teixeira, Director of Government Affairs



Registrant Name AGA 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

Advocate for patient safety legislation
Advocate for public awareness, treatment and screening for individual hepatitis C.
Advocate for medical liability reform for physicians

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

US House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
Kathleen Teixeira	

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

Signature Kathleen Teixeira Date 12/9/03
Printed Name and Title Kathleen Teixeira, Director of Government Affairs



Registrant Name AGA 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 MED (one per page)

16. Specific lobbying issues

Advocate Federal appropriations for digestive disease research

17. House(s) of Congress and Federal agencies contacted

Check if None

*US House of Representatives
US Senate*

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

Name	Covered Official Position (if applicable)
<i>Kathleen Teixeira</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *Kathleen Teixeira* Date *12/9/03*

Printed Name and Title *Kathleen Teixeira, Director of Government Aff*

