

| | |
|---|--|
| 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
AUG 12 PM 1:06

LOBBYING REPORT

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

| | | | |
|--|------------------------------------|-------------------|---------------------------------|
| 1. Registrant Name Congress of Neurological Surgeons | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 725 15th Street, NW, Suite 800, Washington, DC 20005 | | | |
| 3. Principal Place of Business (if different from line 2) Schaumburg IL 60173 City: State/zip (or Country) | | | |
| 4. Contact Name Katherine O. Orrico | Telephone (202) 628-2072 | E-mail (optional) | 5. Senate ID # 10445 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # 3387600 |

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

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 style="text-align: center;">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"/> ⇔ \$ _____ 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 style="text-align: center;">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ <u>100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input checked="" 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> |

Signature _____

Date _____

Katherine O. Orrico, Director Washington Office

Printed Name and Title

Registrant Name Congress of Neurological Surgeons Client Name _____

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

S. 11, Patients First Act – medical liability reform
S. 720, Patient Safety and Quality Improvement Act

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

Senate

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

| Name | Covered Official Position (if applicable) |
|---------------------|---|
| Katherine O. Orrico | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature  Date _____

Printed Name and Title Katherine O. Orrico, Director Washington Office

Registrant Name Congress of Neurological Surgeons Client Name _____

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

15. General issue area code MMM (one per page)

16. Specific lobbying issues

S. 1, Prescription Drug and Medicare Improvement Act of 2003 – Medicare Physician Payment update, regulatory reform, CPT coding, e-prescribing, specialty hospitals
H.R. 1, Medicare Prescription Drug and Modernization Act of 2003 – Medicare Physician Payment update, regulatory reform, CPT coding, e-prescribing, specialty hospitals

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

House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) |
|---------------------|---|
| Katherine O. Orrico | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature  Date _____

Printed Name and Title Katherine O. Orrico, Director Washington Office

Registrant Name Congress of Neurological Surgeons Client Name _____

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

15. General issue area code BUD (one per page)

16. Specific lobbying issues

HR 2673, FY 2004 Consolidated Appropriations bill covers Agriculture, Commerce-Justice-State, District of Columbia, Foreign Operations, Labor-HHS-Education, Transportation-Treasury, VA-HUD, and Miscellaneous Appropriations and Offsets - biomedical research funding

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

House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) |
|---------------------|---|
| Katherine O. Orrico | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature  Date _____

Printed Name and Title Katherine O. Orrico, Director Washington Office

Registrant Name Congress of Neurological Surgeons 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

Mary L. Shoaf

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 Bu (city and state or cou |
|------|---------|---|
| | | |


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, c
affiliated organization _____

Signature  Date _____

Printed Name and Title Katherine O. Orrico, Director Washington Office

