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LOBBYING REPORT

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

1. Registrant Name American Society of Hematology			
2. Address <input type="checkbox"/> Check if different than previously reported 1900 M Street, NW #200 Washington, DC 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Maurice Mayrides		Telephone 202 776-0544	E-mail (optional) mmayrides@hematology.org
5. Senate ID # see new regist.		6. House ID # see new regist.	
7. Client Name <input checked="" type="checkbox"/> Self			

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 Maurice Mayrides, ASH Director of Govt. Affairs

LD-2 (REV. 6/98)

PAGE 1 of 5

Registrant Name Americ. Soc. of Hematology Client Name N/A

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 BUD (one per page)

16. Specific lobbying issues

1. Funding for the National Institutes of Health

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

1. Department of Health and Human Services, US House, US Senate

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

Name	Covered Official Position (if applicable)	New
Maurice P. Mayrides		<input type="checkbox"/>
Martha Liggett		<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

N/A

Signature  Date 8/17/00

Printed Name and Title Maurice Mayrides, ASH Director of Govt. Affairs

Form LD-2 (Rev. 6/03)

Page 2 of 5

Registrant Name Amer. Soc. of Hematology Client Name N/A

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

1. Medicare coding and reimbursement
2. Medicare coverage process
3. Clinical diagnostic lab services
4. Hospital outpatient services final rule

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

1. Department of Health and Human Services
2. Department of HHS
3. Department of HHS
4. Department of HHS

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

Name	Covered Official Position (if applicable)	New
Maurice Mayrides		<input type="checkbox"/>
Martha Liggett		<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

N/A

Signature  Date 8/17/00

Printed Name and Title Maurice Mayrides, ASH Dir. of Govt. Affairs

Form LD-2 (Rev. 6/98)

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Registrant Name Amer. Soc. of Hematology Client Name N/A

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 mpn (one per page)

16. Specific lobbying issues

1. PubMed Central at the National Inst. of Health

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

1. Department of Health and Human Services, US Senate, US House

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

Name	Covered Official Position (if applicable)	New
Maurice Mayrides		<input type="checkbox"/>
Martha Liggett		<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

N/A

Signature  Date 8/17/00

Printed Name and Title Maurice Mayrides, ASH, Director of Govt. Affairs

Form LD-2 (Rev. 6/98)

Page 4 of 5

Registrant Name Amer. Soc. of Hematology Client Name N/A

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 (city and state or country)

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

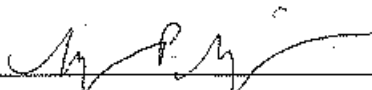
FOREIGN ENTITIES

27. Add the following foreign entities

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



Date 8/17/00

Printed Name and Title Maurice Mayrides, ASH Dir. of Govt. Affairs