

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

02 AUG 14 AM 11:09

**LOBBYING REPORT**

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

1. Registrant Name Foley & Lardner			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 3000 K Street, N.W., Suite 500			
3. Principal Place of Business (if different from line 2) City: Washington, D.C. State/Zip (or Country) 20007			
4. Contact Name Madelynn M. Lane	Telephone 202-945-6023	E-mail (optional) mlane@foleylaw.com	5. Senate ID # 15042-912
7. Client Name <input type="checkbox"/> Self American Academy of Physicians Assistants			6. House ID # 33563-053

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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 Lobbyi

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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.)	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA def
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6C the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 1 Internal Revenue Code

Signature

Cleta Mitchell

Printed Name and Title Cleta Mitchell Attorney

Filing #7347610b-f796-45a0-a9a8-07df5bea159f - Page 1 of 6



Registrant Name Foley & Lardner Client Name American Academy of Physicians Assistants

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

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

16. Specific lobbying issues

Medicare/Medicaid

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

Health and Human Services (HHS)

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

Name	Covered Official Position (if applicable)
Theodore Bornstein	n/a

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

Signature Cleta Mitchell AUG 1

Printed Name and Title Cleta Mitchell, Attorney



Registrant Name Foley & Lardner

Client Name American Academy of Physicians Assistants

**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  
John Matthews

**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

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

Signature *Cleta Mitchell*

AUG

