

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
---	--

RECEIVED  
 SECRETARY OF THE SENATE  
 PUBLIC RECORDS  
 02 SEP -3 PM 3:

# LOBBYING REPORT

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

1. Registrant Name American Board of Certified Interventionists			
2. Address <input type="checkbox"/> Check if different than previously reported 4224 Woody hollow Ln			
3. Principal Place of Business (if different from line 2) City: Pace State/Zip (or Country) Florida, 32571			
4. Contact Name Dr Paul J Peloquin, Sr.	Telephone (850) 994-7741	E-mail (optional) DrPaulJ@msn.com	5. Senate ID # 52936-12
7. Client Name <input type="checkbox"/> Self Dr Paul J Peloquin, Sr.			6. House ID # 34921000

**TYPE OF REPORT** 8. Year \_\_\_\_\_ Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

## 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 exp accounting method. See instructions for description of opti

Method A. Reporting amounts using LDA definitions

Method B. Reporting amounts under section 6033(b)( Internal Revenue Code

Method C. Reporting amounts under section 162(e) o Internal Revenue Code

Signature 

Printed Name and Title Dr Paul J Peloquin, Sr.



Registrant Name American Board of Certified Interventionists Client Name Dr Paul J Peloquin, Sr.

**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.

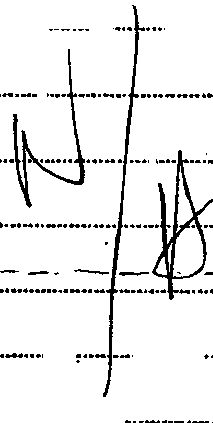
15. General issue area code ALC (one per page)

16. Specific lobbying issues

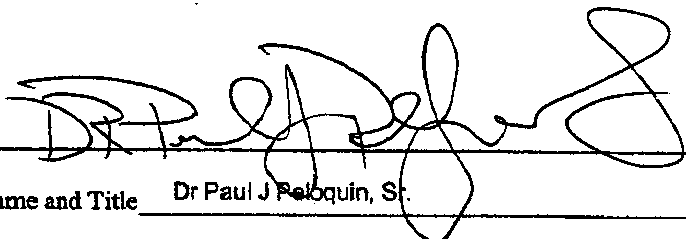
National Intervention Week

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

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

Name	Covered Official Position (if applicable)
	

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

Signature  Date 10<sup>th</sup> Aug 08  
Printed Name and Title Dr Paul J Peloquin, Sr.



Registrant Name American Board of Certified Interventionis Client Name Dr Paul J Peloquin, Sr.

**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

N/A

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

ALC \_\_\_\_\_ BUD \_\_\_\_\_ EDU \_\_\_\_\_ FAM \_\_\_\_\_ GAM \_\_\_\_\_ HCR \_\_\_\_\_ MED \_\_\_\_\_ MMM \_\_\_\_\_ REL \_\_\_\_\_

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
N/A		

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

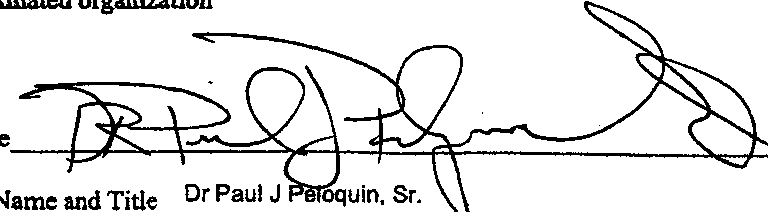
N/A

**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	Owner percent client
N/A				

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 10th Aug 02  
 Printed Name and Title Dr Paul J Peloquin, Sr.

