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LOBBYING REPORT

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

1. Registrant Name <i>SOCIETY OF INTERVENTIONAL RADIOLOGY</i>			
2. Address <input type="checkbox"/> Check if different than previously reported 10201 Lee Highway, Suite 500			
3. Principal Place of Business (if different from line 2) Fairfax Virginia City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael R. Mabry	(703) 460-5561	Mabry@slrweb.org	
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 36141000

TYPE OF REPORT 8. Year 2003 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p 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 align="center">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 checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</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(c) Internal Revenue Code</p>
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Signature *Michael R. Mabry* Date 08/06/2003
Filing #74d47711-f00c-4594-8dba-9f7609cb4897 - Page 1 of 4

Printed Name and Title

Michael R. Mabry, Assistant Executive Director for Policy

LD-2 (REV. 4/03)

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Registrant Name Michael R. Mabry 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

Stroke legislation, Representation and participation in Carrier Advisory Committees

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

House of Representatives
Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Michael R. Mabry	

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

Signature *Michael R. Mabry* Date 08/06/2003

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

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