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SECRETARY OF THE SENATE  
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# LOBBYING REPORT

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

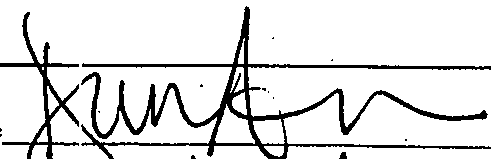
|   |                                  |   |                                  |
|---|----------------------------------|---|----------------------------------|
| 1. Registrant Name<br><b>National Coalition of Abortion Providers (NCAP)</b>  |                                  |   |                                  |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>908 King Street ; Suite 400W</b>      |                                  |   |                                  |
| 3. Principal Place of Business (if different from line 2)<br>City: <b>Alexandria</b> State/Zip (or Country) <b>VA 22314</b> |                                  |   |                                  |
| 4. Contact Name<br><b>Dana Arnejon</b>  | Telephone<br><b>703-684-0055</b> | E-mail (optional)<br><b>dana@ncap.com</b> | 5. Senate ID #<br><b>27445-1</b> |
| 7. Client Name <input checked="" type="checkbox"/> Self<br><b>Ron Fitzsimmons</b>   |                                  |   | 6. House ID #<br><b>303600</b>   |

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

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 A

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13  |  |
|--|--|
| <p><b>12. Lobbying Firms</b></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"/> ⇔ \$ _____<br/>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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate ex accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |

Signature 

Printed Name and Title Dana Arneson, Office Manager

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Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

**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 FAM (one per page)

16. Specific lobbying issues

Abortion, Abortion provision from a provider's perspective.

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) |
|------|---|
| None |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature [Handwritten Signature]

Date 7/12/04

Printed Name and Title DARIN R. PETERSON, Office Manager

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National Coalition of  
Abortion Providers

Client Name Ron Fitzsimmons

Registrant Name

Client Name

00000681452

**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 Busin<br>(city and state or coun |
|------|---------|---|
|      |         |   |


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<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Ow<br>per<br>clie |
|------|---------|--|---|-------------------|
|      |         |  |   |                   |

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

Signature 

Date 7/12/01

Printed Name and Title Dana Arneson, office manager

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