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LOBBYING REPORT

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

1. Registrant Name Edgar E. Rivas			
2. Address <input type="checkbox"/> Check if different than previously reported 6302 Queens Chapel Road			
3. Principal Place of Business (if different from line 2) City: University Park State/Zip (or Country) MD 20782-2130			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Edgar E. Rivas	(301) 927-4406	eerivas@yahoo.com	6937
7. Client Name <input type="checkbox"/> Self			6. House ID #
American Pain Foundation			3575

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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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 checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> 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>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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

EE Rivas 12 Aug 2002

Printed Name and Title

Edgar E. Rivas, Consultant/Lobbyist

Registrant Name Edgar E. Rivas Client Name American Pain Foundation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR (one per page)

16. Specific lobbying issues

Reviewed drafts, provided comments and met with staff to discuss draft language on quality cancer care and implementing JCAHO pain standards in federally-supported health care entities.

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

Senate Health, Education, Labor and Pensions Committee, Public Health Subcommittee; Department of Veterans Affairs; Department of Health and Human Services; Department of Defense

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

Name	Covered Official Position (if applicable)
Edgar E. Rivas	Subcommittee staff

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

Signature Edgar E. Rivas 12 Aug 2002 Date 12 August 02

Printed Name and Title Edgar E. Rivas, Consultant/Lobbyist

Registrant Name Edgar E. Rivas Client Name American Pain Foundation

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 Bus (city and state or country)
none applicable		

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client
none

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
none.			

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

Signature EE Rivas Date 12 Aug. 02

Printed Name and Title Edgar E. Rivas, Consultant/Lobbyist

