Legislative Resource Center

B-106 Cannon Building

Washington, DC 20515

SECRETARY OF THE SEMATE

Go.

Clerk of the House of Representatives Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

07 MAR 22 PM 2:54

LOBBYING REPORT

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

I. Registrant name		
Organization Madison Associates, LLC		
2. Address Check if different than previously reported		17 - 127 - 15 15 15 17 17 17 17 17 17 17 17 17 17 17 17 17
Address1 300 Independence Avenue	Suite 201	
City Washington State	DC Zip Code 20003	Country
3. Principal place of business (if different than line 2)	······································	J*************************************
State	Zip Code /Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Mr. J. Michael Hall 202-547-1866 mt	nall@madisonassoc.com	70392
7. Client Name Self American Psychological Association		6. House ID#
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date	e	
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Data INCOME OR EXPENSES - Complete Either Line	e	End (July 1-Decemb
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination Dat INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	e	11. No Lobbying Ac
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period	12 OR Line 13	11. No Lobbying Acceptage
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Description of this report INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	12 OR Line 13 13. Organi EXPENSES relating to lobbying act	11. No Lobbying Acceptage
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Dat INCOME OR EXPENSES - Complete Either Line	12 OR Line 13 13. Organi EXPENSES relating to lobbying act were: Less than \$10,000	11. No Lobbying Acceptage
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report \$\sim \text{Termination Data}\$ INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$\text{\$10,000 or more} \text{\$\text{\$\sim \$\text{\$\sim \$\text{\$\sim \$\text{\$\chincome activities for the nearest \$20,000, of all lobbying related income from the client (including all activities all).}	12 OR Line 13 13. Organi EXPENSES relating to lobbying act were: Less than \$10,000	11. No Lobbying Actions tivities for this reports
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000	12 OR Line 13 13. Organi EXPENSES relating to lobbying act were: Less than \$10,000 \$10,000 or more \$14. REPORTING METHOD. Che accounting method. See instructions Method A. Reporting amounts	11. No Lobbying Acceptable of this report of the sections of the section of operations of the section of the se

CD LD-2DS (Rev. 4.04)

Page 1

3000051068

Registrant Name Madison A	ssociates, LLC	Client Name_	SECTION OF THE SENATE American Psychological Association
ALPAPAR NI TOODY WIR ON DE	Y. Select as many codes as nehalf of the client during the r Attach additional page(s) as	enorting neriod T	the general issue areas in which t Ising a separate page for each c
15. General issue area cod	BUD - Budget/Appropriatio	ns	(one per page)
16. Specific lobbying issue	es	listed morney to a complex	. ,
BUDGET AND APPRO	PRIATIONS IN SUPPORT OF	F APA'S PROGRA	spedific insules deconçtion for this issue. MINTERESTS
17. House(s) of Congress a	and Federal agencies contacto	ed Check if N	Ione
Senate, House of Represe			
10 Nome of such to 11 to			
i.o. Name of each individu	al who acted as a lobbyist in	••	dd a paga to continue additing tobayists to
First Name La	ust Name Suffix	1.7	Official Position (if applicable)
	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Principal	
Alyson Haywor	od	Legislative Direct	or
1.2			
		(1 22164)44	
19. Interest of each foreign	entity in the specific issues l	isted on line 16 ab	ove Check if None

LD-2DS (Rev. 4.04)

Page 2

ate layer	_ ^	- OBIT TO	1.	4 .		,	
	- Complet	e UNLY	where :	registrat	ion info	rmation has ch	anged.
,	: ,	: :			• •		
				•			
il place of bus	iness (if diff	erent than I	me 20)		2) 000		Country ;
	**				Zin Cad		Court .
*** ***	a's business o	r activities			Lip Cou		Country
	• • •					Taran sayay	ary typeli
TE							aka na ta
viously repo	rted individ	ual who is	no long	er expect	ed to act	as a lobbyist for t	he clien
Lau Name	s . ,	Suffix		Piral Nam	IC	Last Name	in cheff
					•		
			4	,	,		
		_				*	
issues that no	o longer pe	rtain		Find the	e code to	select below.	
		•		•			. : . '
•	:			* :	•	a and the second	¥1.
affiliated org	<u>ganization(s</u>)					
	Address			Principal place of Busin (city and state or coun			
	Address		***************************************			***************************************	
	C/S/Z				. : .	State	Country
	Address	. "			. ,	City	
		•					
iously report		ition that i	s no lon	ger affilia	ited with	the registrant or c	lient
	2	,		: · · · · · · · · · · · · · · · · · · ·	3		
ES					-	The state of the s	Sa
foreign entiti	es			<u> </u>			
Street Address	Address					Amount of contribut	
City	Stato/Prov	ince Country	//////////////////////////////////////		······································	tor roonying activity	di
		•	City		,		
	,	**	State	Count	ry		54
	foreign entity	y that no lo	nger ow	ns, <u>or</u> cont	rols, <u>or</u> is	affiliated with the r	egistrant
usly reported							
usly reported t	· 🗔					en de la la companya de la companya	
usly reported	3				• •		
usly reported	3				<u>[</u>		
usly reported	3 4	·			<u> </u>	Acid a page	S Kor groots
	ption of client TE viously report issues that not ANIZATI affiliated organisated organisated iously report ES foreign entiti Street Address	ption of client's business of the ption	ption of client's business or activities TE viously reported individual who is Lean Name Suffix ANIZATIONS affiliated organization(s) Address C/S/Z Address C/S/Z iously reported organization that i 2 ES foreign entities Street Address Address Address Address Address Address Address	State If place of business (if different than line 20) State ption of client's business or activities TE viously reported individual who is no long Lean Name 3 4 issues that no longer pertain GANIZATIONS affiliated organization(s) Address C/S/Z Address C/S/Z Address C/S/Z iously reported organization that is no long 2 ES foreign entities Street Address City State/Province Country Princi (city	State It place of business (if different than line 20) State ption of client's business or activities TE viously reported individual who is no longer expect Lam Name Suffix Find the issues that no longer pertain Find the Address C/S/Z Coreign entities Street Address City State/Province Country Frincipal place of be (city and state or or	State Zip Code If place of business (if different than line 20) State Zip Code potion of client's business or activities TE viously reported individual who is no longer expected to act Suffix Piret Name 3 4 Find the code to activities Find the code to Address C/S/Z Address C/S/Z Address C/S/Z Address C/S/Z iously reported organization that is no longer affiliated with 2 ES foreign entities Street Address City State/Rrovince Country Principal place of business (city and state or country)	State Zip Code If place of business (if different than line 20) State Zip Code ption of client's business or activities TE priority reported individual who is no longer expected to act as a lobby ist for the surface s

Page 3