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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 Edgar E. Rivas	Telephone (301) 927-4406	E-mail (optional) eerivas@yahoo.com	5. Senate ID # 693
7. Client Name <input type="checkbox"/> Self American Pain Foundation			6. House ID # 3575

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Dec 31)

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 checked="" 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>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 methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Edgar E. 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 and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Appropriations for the Drug Enforcement Administration, oversight hearing on their enforcement of the Controlled Substances Act relating to the diversion and abuse of Schedule II prescription drugs, in particular, OxyContin.

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

House Appropriations Committee, Subcommittee on Commerce, Justice, State and Judiciary

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

Signature *Edgar E. Rivas* 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 Bu (city and state or co
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 registra affiliated organization

Signature  Date 12 Aug. 02

