

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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 <b>Theodore C. Knappen</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1001 G Street, N.W.</b> Suite <b>400 East</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20001</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Theodore C. Knappen</b>	Telephone <b>202-638-6490</b>	E-mail (optional) <b>tknappen@peyser.com</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Mid-Atlantic Medical Services, Inc.</b>	6. House ID # <b>32440001</b>		

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

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> &gt;&gt; \$ <u>\$60,000.00</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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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"/> &gt;&gt; \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature  Date 8/14/2003

Printed Name and Title Theodore C. Knappen - Page



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Registrant Name: Theodore C. Knappen

Client Name: Mid-Atlantic Medical Services, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code HCR (one per page)
- 16. Specific Lobbying issues

**Patients Bill of Rights and other legislation affecting managed health care.**



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

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

Name	Covered Official Position (if applicable)
Knappen, Theodore C.	

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

*Handwritten marks: a circle with a vertical line through it, and some scribbles.*

Signature *Theodore C. Knappen* Date 8/14/2003  
Printed Name and Title Theodore C. Knappen - Page