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LOBBYING REPORT

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

1. Registrant Name Powell, Goldstein, Frazer & Murphy, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, N.W., 6th Floor, Washington, D.C. 20004			
3. Principal Place of Business (if different from line 2) City: <u>N/A</u> State/Zip (or Country) _____			
4. Contact Name Michael Fine	Telephone (202) 347-0066	E-mail (optional)	5. Senate ID # 31942-850
7. Client Name <input type="checkbox"/> Self Association of Community Cancer Centers			6. House ID # 31255079

TYPE OF REPORT 8. Year 2002 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 12/31/03 11. No Lobbyi

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 accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Form LD-2 (REV. 6/98)

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Registrant Name Powell, Goldstein, Frazer & Murphy, LLP Client Name Assoc. of Community Canc

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

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

16. Specific lobbying issues

Medicare hospital outpatient reimbursement statute and regulations (no specific bill or docket number)
Medicare drug pricing issues (no specific bill or docket number)

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. Senate

U.S. House of Representatives

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

Name	Covered Official Position (if applicat
Alan Parver	
Steve Stranne	
Teresa Houser	Committee Staff to Senate Finance

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (REV. 6/98)

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Registrant Name **Powell, Goldstein, Frazer & Murphy, LLP** Client Name Assoc. of Community Canc

Information Update Page – Complete ONLY where 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

22. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Teresa Houser

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

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 (city and state or country)	Amount of contribution for lobbying activities	pe

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

Signature Alan K. Parver Date 2/12/03

Printed Name and Title Alan Parver, Partner

