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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>AMERICAN BOARD OF CENTRAL INTERNATIONAL BUS INES (ABCI)</b>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <b>4224 Woody Hollow CN</b>			
3. Principal Place of Business (if different from line 2) City: <b>PACE</b> State/Zip (or Country): <b>FL. 32571 (USA)</b>			
4. Contact Name <b>DR PAUL J. PELOQUIN SR.</b>	Telephone <b>412-606-3380</b>	E-mail (optional) <b>DRPAULJ@MSN.COM</b>	5. Senate ID # <b>52936.12</b>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <b>34921000</b>		

TYPE OF REPORT 8. Year 2001 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b> INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ Income (nearest \$20,000) 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).	<b>13. Organizations</b> EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code

Signature

Printed Name and Title

**DR PAUL J. PELOQUIN SR.**

LD-27REV 6/98

PAGE 1 of 1

Registrant Name ABC Client Name DR Paul J. Pelogius

**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 ALL (one per page)

16. Specific lobbying issues

*(Handwritten notes and scribbles)*

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

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature DR Paul J. Pelogius Date 30 Jun 2001  
Printed Name and Title DR Paul J. Pelogius SR

Registrant Name: ABC CI Client Name: DR PAUL J. PELOGUINE SR

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address  
4224 Woody Hollow Ln  
 21. Client new principal place of business (if different from line 20)  
 City RACE State/Zip for Country DC 32571  
 22. New general description of client's business or activities  
ALC

**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

ALC BUD FAM GATH ACR MMA MED REC EOU

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
<u>Aspen Quality Care</u>	<u>100 Fifth Ave Pittsburgh, PA 1510</u>	<u>Pittsburgh PA (USA)</u>

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	Ownership percentage in client
<u>N/A</u>				

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

Signature: DR Paul J. Pelogvine Sr Date: 20 Jun 2007  
 Printed Name and Title: DR Paul J. Pelogvine Sr