

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

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

02 MAR 21 PM 3:56

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 7/1/2001

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Association of Community Cancer Centers

Address 11600 Nebel St., Suite 201

City Rockville

State MD

Zip 20852-2557

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(301) 984-9496

Contact

Saira Sultan Chirico

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

COVERED OFFICIAL POSITION (if applicable)

### CLIENT

*A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check this box and proceed to line 10.* ☐ Self

7. Client name

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Saira Sultan Chirico</u>	<u>Contact Saira Sultan Chirico</u>
<u>Jill Schmalz</u>	<u>E-mail (optional)</u>
	<u>State/Zip (or Country)</u>
	<u>State MD Zip 20852-2557</u>

3. Information to be furnished to the court by the court reporter  
[REDACTED]

Registrant Name Association of Community Cancer Centers Client Name \_\_\_\_\_

## LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

HCR      MMM      MED

12. Specific lobbying issues (current and anticipated)

Medicare coverage, coding and payment issues related to cancer therapies. All legislation and HHS/CMS regulations and program memoranda related to the above.

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇒ Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

## FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**  
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**  
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature

*Saira Sultan Chirico*

Date

02/15/2002

Printed Name and Title Saira Sultan Chirico Director of Public Policy

