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# LOBBYING REPORT

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

1. Registrant Name American Society of Hematology	
2. Address <input type="checkbox"/> Check if different than previously reported 1900 M Street, NW #200 Washington, DC 20036	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____	
4. Contact Name Maurice Mayrides	Telephone (202) 776-0544
E-mail (optional) mmayrides@hematology.org	5. Senate ID # 35684-51
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 35206000

**TYPE OF REPORT** 8. Year 2000 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	
<p><b>12. Lobbying Firms</b></p> <p>INCOME 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 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *M. Mayrides*  
 Printed Name and Title Maurice Mayrides, ASH Director of Government Affairs

Registrant Name American Soc. of Hematology Client Name NA

**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 BUD (one per page)

16. Specific lobbying issues

A. Funding for the National Institutes of Health

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

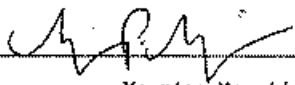
A. US Department of Health and Human Services, US House and US Senate

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

Name	Covered Official Position (if applicable)	New
Maurice Mayrides		<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

NA

Signature  Date 2/14/01  
Printed Name and Title Maurice Mayrides, ASH Director of Government Affairs

Registrant Name Ameri. Soc. of Hematology Client Name NA

**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 MMM (one per page)

16. Specific lobbying issues

- A. Hospital Outpatient PPS Final Rule
- B. Medicare Drug Reimbursement
- C. Physician Compliance - DHHS Office of Inspector General
- D. Medicare Coverage Process
- E. Medicare Evaluation & Management Guidelines

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

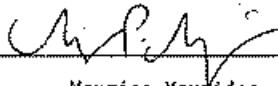
- A. US Dept. of Health and Human Services, US House and Senate
- B. US DHHS, US House and Senate
- C. US DHHS
- D. US DHHS
- E. US DHHS

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

Name	Covered Official Position (if applicable)	New
Maurice Mayrides		<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

NA

Signature  Date 2/14/01  
Printed Name and Title Maurice Mayrides, ASR Director of Government Affairs

Registrant Name Amer. Soc. of Hematology Client Name NA

**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 MED (one per page)

16. Specific lobbying issues

- A. Pub Med Central at NIH
- B. Stem Cell Research
- C. Center for Scientific Review - Study Section Re-organization
- D. Clinical Research Enhancement Act

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

- A. US Dept. of Health and Human Services
- B. US DHHS, US House and US Senate
- E. US DHHS
- D. US House and US Senate

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

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

NA

Signature  Date 2/14/01

Printed Name and Title Maurice Mayrides, ASH Director of Government Affairs

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

20. Client new address

NA

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

NA

**LOBBYIST UPDATE**

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

NA

**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 Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

NA

**FOREIGN ENTITIES**

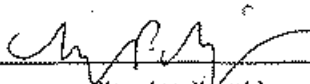
27. Add the following foreign entities

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

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

NA

Signature



Date

2/14/07

Printed Name and Title

Maurice Mayrides, ASH Director of Government Affairs