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LOBBYING REPORT

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

1. Registrant Name MARC Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1101 17th Street, N.W. Suite 1102 City Washington State/Zip (or Country) DC 20036 4704			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name Randolph Fenninger	Telephone 833-0007	E-mail (optional) Randy@marcassoc.com	5. Senate ID # 23747-63
7. Client Name <input type="checkbox"/> Self American Academy of Sleep Medicine			6. House ID # 30371013

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(c) the Internal Revenue Code

Signature

Randolph Fenninger

Date 8/14/02

Registrant Name: MARC Associates, Inc.

Client Name: American Academy of Sleep Medicine

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

Labor, HHS, Education - Appropriations bills, Federal funding for Sleep Medicine Research - Issues.

Labor, HHS, Education - Appropriations bills.

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

Check if None

**Department of HHS
House of Representatives
Senate**

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

Name	Covered Official Position (if applicable)
Coleman, Devon	
Riker, Ellen	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date 8/14/02

Registrant Name: MARC Associates, Inc.

Client Name: American Academy of Sleep Medicine

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
H.R.3351, Medicare Physician Payment Fairness Act of 2001,
H.R.3584, Medicare+Choice Improvement and Stabilization Act of 2001,
S.1707, Medicare Physician Payment Fairness Act of 2001,
Medicare Reimbursement for Sleep Medicine Services

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

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

Name	Covered Official Position (if applicable)
Coleman, Devon	
Riker, Ellen	

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

Signature _____ Date 8/14/02

