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SECRETARY OF THE SENATE

05 FEB 25 PM 1:45

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, Suite 200, Washington, DC 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Mila Becker	Telephone (202) 776-0544	E-mail (optional) mbecker@hematology.org	5. Senate ID # 35684-51
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35206000

TYPE OF REPORT 8. Year 2005 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 Lobbyin

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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small>
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 ex- accounting method. See instructions for description of <ul style="list-style-type: none"> <input type="checkbox"/> Method A. Reporting amounts using LDA definitic <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

*Mila H. Becker*Date **2/15/05**

Printed Name and Title

MIAA BECKER, Director of Government Relations and Practice

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name American Society of Hematology Client Name _____

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

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

16. Specific lobbying issues

Funding for the National Institutes of Health
Public Health Program Funding

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

US House and Senate

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Mila Becker	
Martha Liggett	

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

Signature Mila N. Becker Date 2/15/05

Printed Name and Title Mila Becker, Director of Government Relations and Practice

Registrant Name American Society of Hematology Client Name _____

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

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

16. Specific lobbying issues

Stem Cell Research
Somatic Cell Nuclear Transfer
Human Reproductive Cloning
Sickle Cell Disease (HR 1736 / S 874)
National Bone Marrow Registry Reauthorization
Public Access

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

US House and Senate
US Department of Health and Human Services
US National Institutes of Health
White House

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Mila Becker	
Martha Liggett	

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

Signature Mila B. Becker Date 2/15/05

Printed Name and Title Mila Becker, Director of Government Relations and Practice

Registrant Name American Society of Hematology Client Name _____

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

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

16. Specific lobbying issues

Hospital Outpatient APCs
Medicare Physician Payments
Current Procedural Terminology (CPT) Codes
Medicare Reimbursement
Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003

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

US House and Senate
US Department of Health and Human Services
US Centers for Medicare & Medicaid Services

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Mila Becker	
Martha Liggett	

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

Signature Mila B. Becker Date 2/15/05

Printed Name and Title Mila Becker, Director of Government Relations and Practice

Registrant Name American Society of Hematology Client Name _____

Information Update Page - Complete ONLY where registration 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

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

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

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

Signature Mila H. Becker Date 2/15/05

Printed Name and Title Mila Becker, Director of Government Relations and Practice

