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SECRETARY OF
02 NOV 25**LOBBYING REPORT**

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

1. Registrant Name Madison Associates, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 12th Floor, 1875 Eye Street			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20006			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
J. Michael Hall	(202) 452-5700	jday@madisonassoc.com	703
7. Client Name <input type="checkbox"/> Self	American Occupational Therapy Association		6. House ID # 35954

TYPE OF REPORT 8. Year 2002 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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

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

J. Michael Hall

Printed Name and Title

J. Michael Hall Principal

Registrant Name Madison Associates, LLC Client Name American Occupational Therapy Association

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

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

16. Specific lobbying issues

Policy and appropriations matters in support of the American Occupational Therapy Association's program interests.

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

Check if None

Senate and House of Representatives

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

Name	Covered Official Position (if applicable)
J. Michael Hall	
Alyson M. Haywood	

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

Check if None

Signature J. Michael Hall

Date _____

Printed Name and Title J. Michael Hall

