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02 MAY 14 AM 7

**LOBBYING REPORT**

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

1. Registrant Name National Coalition of Abortion Providers			
2. Address <input type="checkbox"/> Check if different than previously reported 206 King Street			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) Virginia, 22314			
4. Contact Name Ron Fitzsimmons	Telephone (703) 684-0055	E-mail (optional) ron@ncap.com	5. Senate ID 2
7. Client Name <input checked="" type="checkbox"/> Self Ron Fitzsimmons			6. House ID 31

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-I
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 Lobby

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this 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 accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Ron Fitzsimmons, Executive Director



Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

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

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

16. Specific lobbying issues

Abortion, Abortion Provision from a providers perspective

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

Check if None

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

Name

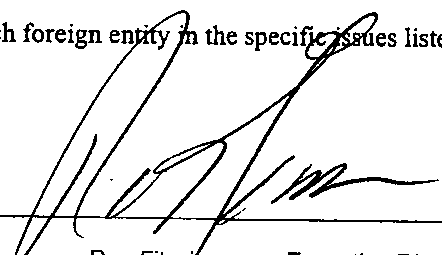
Covered Official Position (if applicable)

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.....  
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.....

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

Check if None

Signature



Date

1/28/12

Printed Name and Title

Ron Fitzsimmons, Executive Director



Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

**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 Business (city and state or country)

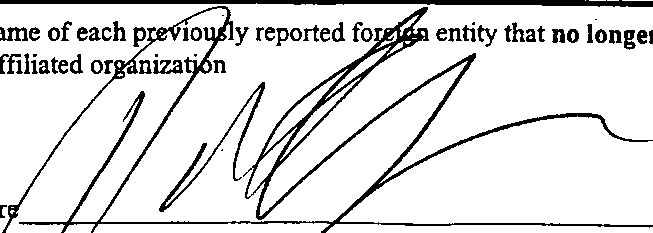
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**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 or affiliated organization

Signature  Date 1/24

Printed Name and Title \_\_\_\_\_

