

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REPORT

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

1. Registrant Name <u>National Coalition of Abortion Providers</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1718 Connecticut Ave. NW, Ste. 700 Washington, DC 200</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Steven Emmert</u>		Telephone <u>202-319-0055</u>	E-mail (optional) _____
5. Senate ID # _____			6. House ID # _____
7. Client Name <input checked="" type="checkbox"/> Self			

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000
\$10,000 or more ⇒ \$ _____
Income (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).

13. Organizations
EXPENSES relating to lobbying activities for this r period were:
Less than \$10,000
\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20

14. REPORTING METHOD. Check box to indic accounting method. See instructions for description
 Method A. Reporting amounts using LDA defini
 Method B. Reporting amounts under section 6 Internal Revenue Code
 Method C. Reporting amounts under section 1 Internal Revenue Code

Handwritten signature

0000213066

②

Signature [Handwritten Signature]

Printed Name and Title Steven Emmert, Executive Director

LD-2 (REV. 6/98)

Registrant Name National Coalition of Abortion Providers Client Name Steven Emmet

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 ACR (one per page)

16. Specific lobbying issues

abortion rights

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)
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

Check if None

Signature Steven Emmet

Date 13 Sept 06

0000213067

Printed Name and Title Steven Emmert, Executive Director

Form LD-2 (Rev. 6/98)

Pag

Registrant Name Natl Coalition of Abortion Providers Client Name Steven Emmert

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 B (city and state or c

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 regist affiliated organization

[Handwritten signatures and initials]

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Signature  Date 15 Sept 00

Printed Name and Title Steven Emmert, Executive Director

Form LD-2 (Rev. 6/98)

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