

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

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05 AUG 12 PM 1:50

## LOBBYING REPORT

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

1. Registrant name			
Organization	Academy of Radiology Research		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	1029 Vermont Ave. Suite 505		
City	Washington	State	DC
Zip Code	20005	Country	USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Edward C. Nagy	(202) 347-5872	RCruea@acadrad.org
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID #	
Academy of Radiology Research		113-12	
		6. House ID #	
		30002000	

**TYPE OF REPORT** 8. Year 2004 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 Activity

### 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 type="checkbox"/> ⇨ \$ _____	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>100,000</u>
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 expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code
	<input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Form Comp

*Edward C. Nagy*

Printed Name and Title Edward C. Nagy, Executive Director



Registrant Name Academy of Radiology Research Client Name Academy of Radiology Research

**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 MED - Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

Funding for the National Institute of Biomedical Imaging and Bioengineering at the National Institutes of Health.

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

House of Representatives, Senate, Dept. of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue area*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Edward	Nagy	Mr.	
Renee	Cruea	Mrs.	

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

Printed Name and Title Edward C. Nagy, Executive Director

LD-2DS (REV. 4/03)

Page 2

Registrant Name Academy of Radiology Research Client Name Academy of Radiology Research

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

**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	Owners percent client
	Street Address City	State/Province Country		
		City State Country		

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

1

3

5

2

4

6

Add a page for more updates

