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03 FEB 24 PM 4:

# LOBBYING REPORT

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

1. Registrant Name American College of Surgeons			
2. Address <input type="checkbox"/> Check if different than previously reported 1640 Wisconsin Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20007			
4. Contact Name Cynthia A. Brown	Telephone (202) 337-2701	E-mail (optional)	5. Senate ID # 4532-
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3225

**TYPE OF REPORT** 8. Year 2002 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

<p><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><b>13. Organizations</b></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 checked="" type="checkbox"/> ⇒ \$ <u>60,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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*Cynthia A. Brown*

Signature Cynthia A. Brown

Printed Name and Title Cynthia A. Brown, Director, Division of Advocacy & Health Policy

LD-2 (REV. 6/98)

Registrant Name American College of Surgeons Client Name \_\_\_\_\_

**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

Trauma Care

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)
Cynthia A. Brown	.....
Christian Shalgian	.....
Jennifer Razor	.....
Adrienne Roberts	.....
	.....
	.....
	.....

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

Check if None

Signature Cynthia A. Brown

Date 02/14/2003

Printed Name and Title <sup>6</sup> Cynthia A. Brown, Director, Division of Advocacy & Health Policy

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Registrant Name American College of Surgeons Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR (one per page)

16. Specific lobbying issues

Trauma Care Reauthorization (S.3048)  
Mammography Quality & Standard Act (S.2591)  
Patient Safety (H.R. 4889, H.R. 5478)  
Ambulatory Surgery Centers (H.R. 2490)  
Medical Liability Reform (H.R. 4600)  
Patient Safety & Quality (H.R. 4889, H.R. 5478, S.3029, S.2590)

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)
Cynthia A. Brown	.....
Christian Shalgian	.....
Jennifer Razor	.....
Adrienne Roberts	.....
	.....
	.....
	.....

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

Check if None

Signature Cynthia A. Brown Date 02/14/2003



Registrant Name American College of Surgeons Client Name \_\_\_\_\_

**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 LBR (one per page)

16. Specific lobbying issues

Physician Antitrust

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)
Cynthia A. Brown	.....
Christian Shalgian	.....
Jennifer Razor	.....
Adrienne Roberts	.....
.....	.....

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

Check if None

Signature Cynthia A. Brown Date 02/14/2003



Registrant Name American College of Surgeons Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

Medicare

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)
Cynthia A. Brown	.....
Christian Shalgian	.....
Jennifer Razor	.....
Adrienne Roberts	.....
	.....
	.....
	.....

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

Check if None

Signature Cynthia A. Brown Date 02/14/2003



Registrant Name American College of Surgeons 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

Christopher Gallagher

**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
American College of Surgeons Professional Association	1640 Wisconsin Avenue, NW Washington, DC 20007	Chicago, IL 60611-3211

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 Cynthia A. Brown Date \_\_\_\_\_

Printed Name and Title Cynthia A. Brown, Director, Division of Advocacy & Health Policy

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