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05 AUG

## LOBBYING REPORT

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

1. Registrant Name <u>AMERICAN GASTROENTEROLOGICAL ASSOCIATION</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4930 DEL RAY AVENUE</u>			
3. Principal Place of Business (if different from line 2) City: <u>BETHESDA</u> State/Zip (or Country) <u>MD 20814</u>			
4. Contact Name <u>MICHAEL A. ROBERTS</u> Telephone <u>(301) 654-2055</u> E-mail (optional)			5. Senate ID # <u>59650-</u>
7. Client Name <input type="checkbox"/> Self			6. House ID # <u>337840</u>

**TYPE OF REPORT** 8. Year 2005 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 Lobbying

### 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"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>60,000</u> Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_

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



Registrant Name AGA Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

ADVOCATE FOR IMPLEMENTATION OF A DIGESTIVE DISEASES  
RESEARCH COMMISSION AS RECOMMENDED IN HOUSE AND  
SENATE APPROPRIATIONS REPORTS (H.R. 5006 ; S. 2810)  
FROM 108TH CONGRESS.

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

U.S. HOUSE OF REPRESENTATIVES  
U.S. SENATE  
NATIONAL INSTITUTES OF HEALTH

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

Name	Covered Official Position (if applicable)
MICHAEL A. ROBERTS	

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

Signature Michael A. Roberts Date 7-26-05

Printed Name and Title MICHAEL A. ROBERTS, VICE PRESIDENT, PUBLIC

