

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
---	--

RECEIVED
SECRETARY OF THE

05 FEB 25 PM

LOBBYING REPORT

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

1. Registrant name	
Organization	American Association of Neurological Surgeons
2. Address <input type="checkbox"/> Check if different than previously reported	
725 15th Street, NW	Suite 800
City Washington	State DC Zip Code 20005 Country US
3. Principal place of business (if different than line 2)	
City Rolling Meadows	State IL Zip Code 60008 Country US
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Ms. Katherine O. Orrico	202-628-2072 korrico@neurosurgery.org
5. Senate ID #	1648
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
American Association of Neurological Surgeons	33871001

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

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 ⇨ \$ _____

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 reporting were:

Less than \$10,000

\$10,000 or more ⇨ \$ 80,000

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of opti

Method A. Reporting amounts using LDA definitions o

Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code

Method C. Reporting amounts under section 162(e) of Revenue Code

Printed Name and Title Katherine O. Orrico, Director Washington Office

Form Co

Registrant Name American Association of Neurological Surgeons Client Name American Association of Neurological Surgeons

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 - Health Issues (one per page)

16. Specific lobbying issues

S. 720, Patient Safety and Quality Improvement Act
HR 4571, Lawsuit Abuse Reduction Act of 2004

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

House of Representatives
Senate

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)
Katherine	Orrico		
Barbara	Peck		

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

Add a page for a different issue area

Printed Name and Title Katherine O. Orrico, Director Washington Office

Registrant Name American Association of Neurological Surg Client Name American Association of Neurological

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

Suff

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	City
	C/S/Z	State Country
	Address	City
	C/S/Z	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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc client
	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, affiliated organization

1

3

5

2

4

6

Printed Name and Title Katherine O. Orrico, Director Washington Office

Add a page for more i

