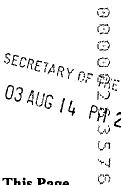


Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

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



LOBBYING REPORT

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

. Registrant Name FoxKiser			
Address Check if different than previous 750 17th Street, NW, Suite 1100	usly reported		
3. Principal Place of Business (if different from li City: Washington	State/Zip (or Country) DC, 20006	
4. Contact Name Jeremy Nethermark Dott	Telephone (202) 778-2326	E-mail (optional) JDott@FoxKiser.com	5. Senate ID#
7. Client Name Self Association of Black Cardiologists		***************************************	6. House 1D#
. Check if this filing amends a previous. O. Check if this is a Termination Report INCOME OR EXPENSES	ly filed version of this rep	ate	11. No Lobbying
. Check if this filing amends a previous	ly filed version of this rep	oort 🔲	
. Check if this filing amends a previous 0. Check if this is a Termination Repor INCOME OR EXPENSES 12. Lobbying Fire INCOME relating to lobbying activitie	ly filed version of this rep † □ ⇒ Termination D: - Complete Either L	oort 🔲	11. No Lobbying
. Check if this filing amends a previous 0. Check if this is a Termination Report INCOME OR EXPENSES 12. Lobbying Fire	ly filed version of this report ☐ ⇒ Termination D: - Complete Either L ms s for this reporting I	ine 12 OR Line 13	11. No Lobbying
Check if this filing amends a previous O. Check if this is a Termination Repor INCOME OR EXPENSES 12. Lobbying Firm INCOME relating to lobbying activities period was: Less than \$10,000 ✓ \$10,000 or more	ly filed version of this report Complete Either L s for this reporting	ine 12 OR Line 13 13. Organiz EXPENSES relating to lobbying acception were: Less than \$10,000 \$10,000 or more	11. No Lobbying zations tivities for this rep
O. Check if this filing amends a previous. O. Check if this is a Termination Report INCOME OR EXPENSES 12. Lobbying Firm INCOME relating to lobbying activities period was: Less than \$10,000 \$10,000 or more \$\sum_{\text{lnco}}\$ \$\sum_{\text{lnco}}\$ Provide a good faith estimate, rounded to fall lobbying related income from the second sec	ly filed version of this report Complete Either L Ins Ins Ins Ins Ins Ins Ins Ins Ins In	ine 12 OR Line 13 13. Organia EXPENSES relating to lobbying acceptiod were: Less than \$10,000 \$10,000 or more Expenses the state of the state	2211. No Lobbying 22110ns tivities for this reperses (nearest \$20,0) eck box to indicates for description of
O. Check if this is a Termination Report INCOME OR EXPENSES 12. Lobbying Fire INCOME relating to lobbying activities period was: Less than \$10,000 \$10,000 or more \$\textstyle \textstyle \textst	ly filed version of this report Complete Either L s for this reporting In the complete Either L In the complete Either L The compl	ine 12 OR Line 13 13. Organia EXPENSES relating to lobbying acception were: Less than \$10,000 \$10,000 or more Expenses than \$10,000 Characteristics than \$10,000 Characteristics than	2ations tivities for this repeated box to indicate for description of using LDA definitudes under section 603

Filing #c89c0ba7-4e94-45ba-a823-672dc014d15d - Page 1 of 8

Printed Name and Title	 ·	
LD-2 (REV. 6/98)		

				٣
				Ö
	E4/		Aistica of Disab Candislanista	(3)
Registrant Name	FoxKiser	Client Name	Association of Black Cardiologists	<u>ුලා</u> ලා
LOBBYING ACTIV	ITY. Select as many	codes as necessary to reflect the	ne general issue areas in which sing a separate page for each	the re
engaged in lobbying of information as request	ted. Attach additional	page(s) as needed.	and a scharace hade to react	("A _s)
15. General issue are:	a code HCR	(one per page)		.1 .1
16. Specific lobbying	issues			
Various health care	issues.			
17. House(s) of Cong	gress and Federal ager	ncies contacted C	heck if None	
18. Name of each in	dividual who acted as	a lobbyist in this issue area		
	Name		Covered Official Position (if applicable))
Diane E. Robertson		ific issues listed on line 16 above	☐ Check if None	
Signature			Date	

Printed Name and Title_			

Page _

Form LD-2 (Rev.6/98)

00000263578

 \mathfrak{S}



				(C) (C)
Registrant Name	FoxKiser	Client Name	Association of Black Cardiologists	<u>ල</u> ල
	behalf of the clien	t during the reporting period.	the general issue areas in which Using a separate page for each	the re code,
15. General issue area	code MED	(one per page)		0) ~1 ()
16. Specific lobbying i			***************************************	
Various health care is	ssues.			
17. House(s) of Congr	ess and Federal ag	encies contacted	Check if None	
US House of Repr US Senate				
18. Name of each indi	vidual who acted a	as a lobbyist in this issue area		
	Name		Covered Official Position (if applicable)	
Diane E. Robertson				
		4		
19. Interest of each fore	eign entity in the spec	cific issues listed on line 16 abov	e Check if None	
Signature			Date	

Printed Name and Title	
Form LD-2 (Rev.6/98)	Page _



				ා ල
Registrant Name	FoxKiser	Client Name	Association of Black Cardiologists	(9 (9
engaged in lobbying o	ITY. Select as many con behalf of the client detect. Attach additional	uring the reporting period	ct the general issue areas in which . Using a separate page for each	the re code,
15. General issue are	a code <u>MMM</u> (one per page)		₩ -1
16. Specific lobbying	3 issues			
	gress and Federal agen		Check if None	
18. Name of each in		a lobbyist in this issue are		
	Name		Cov :red Official Position (if applicable)	
19. Interest of each for	oreign entity in the specif	ic issues listed on line 16 ab	ove	
Signature Fi	July anul Iling #c89c0ba7-4e94-45	Mese ba-a823-672dc014d15d - Pa	Date 07/16/2003	

Printed Name and Title John Daniel Kiser, Partner

Form LD-2 (Rev.6/98)

Page