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LOBBYING REPORT

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

1. Registrant Name AMERICAN GASTROENTEROLOGICAL ASSOCIATION (AGA)			
2. Address <input type="checkbox"/> Check if different than previously reported 7910 WOODMONT AVENUE SUITE 700			
3. Principal Place of Business (if different from line 2) City: BETHESDA State/Zip (or Country): MD 20814			
4. Contact Name MICHAEL ROBERTS	Telephone (301) 654-2055	E-mail (optional)	5. Senate ID #
7. Client Name Self	6. House ID # 33784000		

TYPE OF REPORT 8. Year 2000 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	
<p>12. Lobbying Firms</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 checked="" type="checkbox"/> \$ 60,000 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>13. Organizations</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"/> \$ 100,000 Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

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Registrant Name ABA Client Name MICHAEL A. ROBERTS

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 (one per page)

16. Specific lobbying issues

ADVOCATE FEDERAL APPROPRIATIONS FOR DIGESTIVE DISEASE RESEARCH

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

U.S. HOUSE OF REPRESENTATIVES
U.S. SENATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES (INCLUDING THE NATIONAL INSTITUTES OF HEALTH)

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

Name	Covered Official Position (if applicable)	New
<u>MICHAEL A. ROBERTS</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name AGA Client Name MICHAEL A. ROBERTS

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 MMM (one per page)

16. Specific lobbying issues

ADVOCATE MEDICARE "GIVEBACK" LEGISLATION RELATED TO MEDICARE PHYSICIAN PRACTICE EXPENSE SYSTEM.

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

U.S. HOUSE OF REPRESENTATIVES
U.S. SENATE

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

Name	Covered Official Position (if applicable)	New
<u>MICHAEL A. ROBERTS</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Michael A. Roberts Date 8-14-2000

Printed Name and Title MICHAEL A. ROBERTS, VICE PRESIDENT, PUBLIC POLICY AND GOVERNMENT RELATIONS