

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

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

SECRET  
03 MAR

# LOBBYING REPORT

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

1. Registrant Name: JAMES E. BOLAND

2. Address  Check if different than previously reported  
601 PENNSYLVANIA Ave. N.W. SUITE 900

3. Principal Place of Business (if different from line 2)  
City: WASHINGTON State/Zip (or Country) D.C.

4. Contact Name Telephone E-mail (optional)  
JAMES E. BOLAND 202-434-8223

5. Senate ID #  
6. House ID # 33104017

7. Client Name  Self  
COLLEGE OF AMERICAN PATHOLOGISTS

TYPE OF REPORT 8. Year 2002 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇌ \$ 40,000  
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more  ⇌ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt

Method A. Reporting amounts using LDA definitions

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

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

Signature: [Handwritten Signature]  
Printed Name and Title: JAMES E. BOLAND



Registrant Name JAMES E. BOLAND Client Name COLLEGE OF AMERICAN PATHOLOGISTS

**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 HCR (one per page)

16. Specific lobbying issues

MEDICARE REIMBURSEMENT - TECHNICAL CORRECTION

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

Check if None

U. S. HOUSE  
U. S. SENATE

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

Name	Covered Official Position (if applicable)
<u>JAMES E. BOLAND</u>	

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

Check if None

Signature James E. Boland Date FEBRUARY  
Printed Name and Title JAMES E. BOLAND

