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## LOBBYING REPORT

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

1. Registrant Name <b>MARC Associates, Inc.</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1101 17th Street, N.W.</b> <b>Suite 803</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20036</b> <b>4704</b>			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name <b>Randolph Fenninger</b>	Telephone <b>833-0007</b>	E-mail (optional) <b>Randy@marcassoc.com</b>	5. Senate ID # <b>23747-532</b>
7. Client Name <input type="checkbox"/> Self <b>Cerebral Palsy Council</b>	6. House ID # <b>30371047</b>		

**TYPE OF REPORT** 8. Year 2001 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 1/31/02 11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> 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).	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate reporting accounting method. See instructions for description of method. <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(e) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

*Randolph Fenninger*

Date 2/14/02



Registrant Name: MARC Associates, Inc.

Client Name: Cerebral Palsy Council

**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  
**Reimbursement for Direct Care Workers**

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

Name	Covered Official Position (if applicable)
<b>Allen, Edwin</b>	
<b>Maldonado, Daniel</b>	
<b>Penberthy, Shannon</b>	

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

Signature \_\_\_\_\_ Date 2/14/02

