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

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATI

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration_					2/16/2005
2. House Identification Number	Senate Identification Number				
REGISTRANT 3. Registrant name King & Spalding LLP					
Address 1700 Pennsylvania Avenue, N	w	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City Washington					
4. Principal place of business (if different from City	n line 3)	ine 3)			
5. Telephone number and contact name (202) 737-0500					
6. General description of registrant's business  Law Firm					•••••••••••••••••••••••••••••••••••••••
CLIENT A Lobbying firm is required to file a seg- labeled "Self" and proceed to line 10. 7. Client name American College of Radia Address 2021 Spring Road, Suite 6	Self	оду			
		State			
8. Principal place of business (if different from line 7) City					
General description of client's business or Medical Association					
LOBBYISTS  10. Name of each individual who has acted or this section has served as a "covered exe acting as a lobbyist for the client, state the	cutive branc	ch official" or "covered	d legisla	ative branch	official" within two
Name			Cov	ered Official	Position (if applic
Andrew L. Woods	***************************************		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	**********		************	1110-4110-41210	
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Filing #d7c27f12_c152_41	123-ahh7 a2	000368h120 - Pago 1	of 1		

Form LD-1 (Rev. 06/98)	

strant Name	King & Spalding LLP	Client N	ameAmei	American College of Radiatio	
LOBBYING ISS 11. General lobbying is HCR MED		applicable codes lis	ted in instructions and o	n the reverse side	of Form LD
			<u>-</u>		-
12. Specific lobbying is  Monitor legislation	·	-	on physician self-refer	ral practices	
AFFILIATED O  13. Is there an entity of a semiannual period	other than the clien	t that contributes n	nore than \$10,000 to tos, supervises or contr	·	
☑ No ⇒ Go t	to line 14.	Yes	Complete the rest of the criteria above,		
Name		Address		Principal Place of (city and state or	
FOREIGN ENT 14. Is there any foreign					
b) directly activitie c) is an aff	or indirectly, in w es of the client or a	hole or in major pa my organization id	e client or any organiz art, plans, supervises, entified on line 13; 0: n identified on line 13	controls, directs <b>r</b>	s, finances o
Wa No⇔ Sign a	nd date the registra	ation.	Yes   Complete matching registration	the criteria abov	
Name		Address	Principal place of business (city and state or cou	contri	nount of ibution for ng activities
	1				
Signature	12		<del></del>	Date 5/11/	05

Form LD-1 (Rev. 06/98)