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# LOBBYING REPORT

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

1. Registrant Name  
**C. KENNETH PROEFROCK**

2. Address  Check if different than previously reported  
**P.O. Box 194**

3. Principal Place of Business (if different from line 2)  
City: **PAWLEYS ISLAND** State/Zip (or Country) **SC 29585**

|   |   |                   |                                |
|---|---|-------------------|--------------------------------|
| 4. Contact Name   | Telephone   | E-mail (optional) | 5. Senate ID #<br><b>51491</b> |
| 7. Client Name <input checked="" type="checkbox"/> Self | <b>NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE</b> |                   | 6. House ID #<br><b>34800C</b> |

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

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

|   |  |
|---|--|
| <p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br/>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><b>13. Organizations</b></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 type="checkbox"/> ⇒ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |
|---|--|

*C. Kenneth Proefrock*

Signature [Handwritten Signature]

Printed Name and Title C. KENNETH PROEFROCK, KPA ASSOCIATES

LD-2 (REV. 6/98)

Registrant Name C. KENNETH PROEFROCK Client Name NORTHEASTERN OHIO UNIVERSITIES (OF MEDICINE)

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

ARBA HEALTH EDUCATION CENTERS AND HEALTH PROFESSIONS EDUCATION.

17. House(s) of Congress and Federal agencies contacted  
HOUSE OF REPRESENTATIVES  
SENATE

Check if None

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

| Name                        | Covered Official Position (if applicable) |
|-----------------------------|---|
| <u>C. KENNETH PROEFROCK</u> |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |

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

Check if None

Signature C. Kenneth Proefrock

Date 8/30/04

Printed Name and Title C. KENNETH PROEFROCK

Form LD-2 (Rev. 6/98)

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