

Registrant Name American Medical Association (AMA)

Client Name Self

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 TOB (one per page)

16. Specific lobbying issues

See Attached List

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

House of Representatives
Senate
Administration Office of the President
Department of Justice
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)	New
SEE ATTACHED LIST		<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 George E Cox III, JD, Acting Director, Div of Legislative Counsel

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