

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

REC'D
SECRETARY C
PUBLIC

02 MAY 1

LOBBYING REPORT

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

1. Registrant Name National Coalition of Abortion Providers			
2. Address <input type="checkbox"/> Check if different than previously reported 206 King Street			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) Virginia, 22314			
4. Contact Name Ron Fitzsimmons	Telephone (703) 684-0055	E-mail (optional) ron@ncap.com	5. Senate ID 27
7. Client Name <input checked="" type="checkbox"/> Self Ron Fitzsimmons			6. House ID # 30

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
--	--

Signature _____

Printed Name and Title

Ron Fitzsimmons, Executive Director

Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

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

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

16. Specific lobbying issues

Abortion, Abortion Provision from a providers perspective

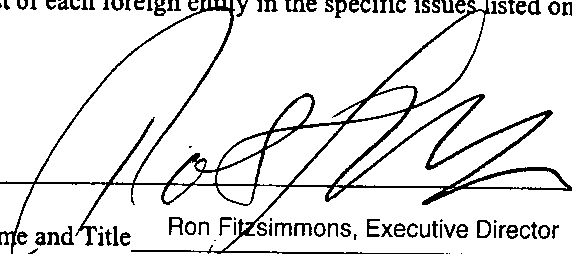
17. House(s) of Congress and Federal agencies contacted Check if None

We were in contact with (by mail) every Congressperson and Senator

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

Name	Covered Official Position (if applicable)
Ron Fitzsimmons	Executive Director
Rebecca Willman	Executive Assistant
Kelly Thornburg	Executive Assistant
.....	

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

Signature  Date 1/28/02
Printed Name and Title Ron Fitzsimmons, Executive Director

Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

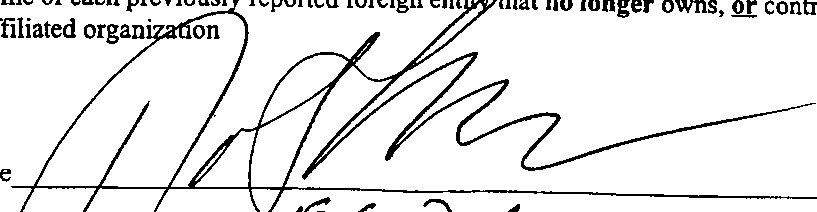
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant or affiliated organization

Signature  Date 1/25/08

Printed Name and Title EX DIR

