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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 3/28/2005

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name King & Spalding LLPAddress 1700 Pennsylvania Avenue, NWCity WashingtonState DCZip 20006

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 737-0500Contact Mark H. Smith

E-mail (optional) _____

6. General description of registrant's business or activities

Law firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.* Self

7. Client name National Comprehensive Cancer NetworkAddress 500 Old York Road, Suite 250City JenkintownState PAZip 19046

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Nonprofit coalition of cancer centers**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Mark H. Smith	

Registrant Name King & Spalding LLP Client Name National Comprehensive Cancer Network

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

MMM HCR

12. Specific lobbying issues (current and anticipated)

- Cancer practice guidelines
- Cancer coverage issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

- No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus: (city and state or cot

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in 1 of the lobbying activity?

- No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

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

Signature *Maureen H. Suter* Date 8/19/05

Printed Name and Title Mark H. Smith, Senior Government Relations Advisor

Form LD-1 (Rev. 06/98)