

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
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SECRETARY OF THE SENATE

04 JUL 20 PM 2:17

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 (NCAP)			
2. Address <input type="checkbox"/> Check if different than previously reported 908 King Street ; Suite 400W			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) VA 22314			
4. Contact Name: Dana Arneson	Telephone 703-684-0055	E-mail (optional) dana@ncap.com	5. Senate ID # 27445-
7. Client Name <input checked="" type="checkbox"/> Self Ron Fitzsimmons			6. House ID # 30366

TYPE OF REPORT 8. Year 2003 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 align="center">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 align="center">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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature

Printed Name and Title DANA KRNESON, OFFICE MANAGER

LD-2 (REV. 6/98)

P:

00000681455

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 the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod 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 provider's perspective.

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)
None.	

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

Check if None

Signature [Handwritten Signature] Date 7/12/04

Printed Name and Title Wanda M. Roberts, Office Manager

Form LD-2 (Rev. 6/98)

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Registrant Name National Coalition of Abortion Providers Client Name Ron Fitzsimmons

00000681456

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 Bus (city and state or cou

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 affiliated organization

Signature [Handwritten Signature]

Date 7/12/01

Printed Name and Title Dana Arneson, office manager

Form LD-2 (Rev. 5/98)

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