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LOBBYING REPORT

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

1. Registrant name Texas Medical Association			
2. Address <input type="checkbox"/> Check if different than previously reported 401 West 15th Street Austin TX 78701 USA			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Mr. Stephen Davis	b. Telephone number (512)370-1490	c. E-mail Steve.Davis@texmed.org	5. Senate ID # 46951-12
7. Client Name <input checked="" type="checkbox"/> Self Texas Medical Association			6. House ID # 34353000

TYPE OF REPORT 8. Year 2004 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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 \$10,000 or more ⇨ \$ _____

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 \$10,000 or more ⇨ \$ _____

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option

- Method A.** Reporting amounts using LDA definitions only
- Method B.** Reporting amounts under section 6033(b)(8) of Internal Revenue Code
- Method C.** Reporting amounts under section 162(e) of the Revenue Code

Edit >

Signature _____ Date _____

Printed Name and Title Stephen Davis, Director of Finance

Registrant Name Texas Medical Association Client Name Texas Medical Association

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

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

16. Specific lobbying issues

- Medicare sustained growth rate methodology
- Texas/Mexico border health issues
- Funding for quality improvement organizations
- Medicaid reform
- Emergency Medical Treatment & Labor Act

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

- U.S. House of Representatives
- U.S. Department of Health and Human Services (Centers for Medicare & Medicaid Services)

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

Name	Covered Official Position (if applicable)
Alfred Gilchrist	
Richard Johnson Jr.	
Donald Wilcox	
David Reynolds	

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

Signature _____ Date _____

Registrant Name Texas Medical AssociationClient Name Texas Medical Association**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

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

City

State/Zip

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

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Alfred

Gilchrist

ISSUE UPDATE24. General lobbying issues 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	Owns percent client

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

Signature



Date

02/14/05Printed Name and Title Stephen Davis, Director of Finance

