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

SECRETARY OF THE SENATE

07 MAR 22 PM 2:55

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 06/01/2

2. House Identification Number 35954 Senate Identification Number 7039

REGISTRANT

3. Registrant name Organization Madison Associates, LLC

Address 300 Independence Avenue Suite 201

City Washington State DC Zip 20003

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

City State Zip

5. Telephone number and contact name Prefix Full Name

202-547-1866 Contact Mr. J. Michael Hall E-mail mhall@madisonassoc.com

6. General description of registrant's business or activities

government relations

CLIENT

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

7. Client name COPD Foundation

Address 2937 SW 27th Ave. Suite 302

City Miami State FL Zip 33133 Country U

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

City State Zip Country

9. General description of client's business or activities

health care advocacy

LOBBYISTS

Go to page 3 to add more

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Mike	Hall		Principal
Alyson	Haywood		Legislative Director

10000509

Registrant Name Madison Associates, LLC Client Name COPD Foundation

LOBBYING ISSUES

Find the code to select below. Go to page 3 to add more lobb

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

BUD

12. Specific lobbying issues (current and anticipated)

BUDGET AND APPROPRIATIONS IN SUPPORT OF IT'S PROGRAM INTERESTS.

AFFILIATED ORGANIZATIONS

Go to page 3 to add more org

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

☒ No ⇨ Go to line 14. ☐ Yes⇨ Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address	Principal place of Busin (city and state or coun

FOREIGN ENTITIES

Go to page 3 to add more fore

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 subsidizes a 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 the outcome lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes⇨ Complete the rest of this section for each ent matching the criteria above, then sign and da registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

300050961

Printed Name and Title J. Michael Hall, Principal

LD-1DS (Rev. 4.04)

Registrant Name Madison Associates, LLC Client Name COPD Foundation

ADDITIONAL LOBBYISTS

Return to page 2 to finis

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finis

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finis

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numl

Name	Address	Principal place of Busine (city and state or count

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	perc

Add an additional supplementary informati

Printed Name and Title J. Michael Hall, Principal

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