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

SECRETARY OF THE SEN/

LOBBYING REPORT

AM 9: 4

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

1. Registrant name

Organization Medical Advocay Services, Inc.

2. Address ☐ Check if different than previously reported

Address1 2011 Pennsylvania Avenue, Suite 800

City Washington State DC Zip Code 20006 Country USA

3. Principal place of business (if different than line 2)

City State Zip Code Country

City State/Zip or Country

4a. Contact Name Prefix Ms. Full Name Robin Chichester

b. Telephone number 202-261-4558

c. E-mail rchichester@acponline.org

5. Senate ID # 24772-24

7. Client Name ☐ Self

American College of Rheumatology

6. House ID # 31278001

TYPE OF REPORT

8. Year 2005 Midyear (January 1-June30) ☒ 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 04/28/2005

11. No Lobbying Activity

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 pe were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ ________

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

☐ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of t Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Ir Revenue Code

Form Com

300015352

Mark Friend, EVP ACR Services, Inc.

Printed Name and Title Mark Friend, EVP ACP Services, Inc.

LD-2DS (Rev. 4.06)

Registrant Name Medical Advocay Services, Inc. Client Name American College of Rheumatology

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 *Add page to continue specific issues description for this issue*

None

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 *Add a page to continue adding lobbyists for this*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Jennifer	Brunelle		
Pamela	Ferraro		
Sarika	Rane		

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

Add a page for a different

Printed Name and Title Mark Friend, EVP ACP Services, Inc. M. A. Friend

LD-2DS (Rev. 4.06)

Registrant Name Medical Advocay Services, Inc. Client Name American College of Rheumatology

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

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code 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

First Name	Last Name	Suffix	First Name	Last Name	Suffix
1			3		
2			4		

ISSUE UPDATE

Find the code to select below.

24. 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)
	Address C/S/Z Address C/S/Z	City State Country City State Country

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

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1 3 5

2 4 6

Add a page for more upda

Printed Name and Title Mark Friend, EVP ACP Services, Inc.

LD-2DS (REV. 4.06)