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...se of Representatives ...Resource Center ...annon Building ...shington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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LOBBYING REPORT

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 b. Telephone number c. E-mail

Prefix Full Name

Ms. Robin Chichester 202-261-4558 rchichester@acponline.org

5. Senate ID # 24772-48

7. Client Name ☐ Self

Society of General Internal Medicine

6. House ID # 31278003

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June30) ☒ OR Year End (July 1-December 3

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ ⇨ Termination Date 02/28/2005 11. No Lobbying Activ

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 were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____

14. REPORTING METHOD. Check box to indicate expen accounting method. See instructions for description of optio

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

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

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

Form C

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

(Printed Name and Title [illegible])

LD-2DS (Rev. 4.06)

[redacted]ame Medical Advocay Services, Inc. Client Name Society of General Internal Medicine

OBBYING 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 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 th*

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

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

10001434699

Add a page for a differe

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

LD-2DS (Rev. 4.06)

[redacted] Name Medical Advocay Services, Inc. Client Name Society of General Internal Medicine

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	Suff
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	Owne percer client
		City State Country		

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

3	5
4	6

Add a page for more inf

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

Printed Name and Title Mark Friend, EVP ASP Services, Inc. MARK N. FRIEND

LD-2DS (REV. 4.06)