



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES  
RESEARCH, EDUCATION, SERVICE

SECRETARY OF THE SENATE

03 FEB 25 AM 9: 53

February 10, 2003

Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, DC 20510

Dear Secretary of the Senate:

Please find the enclosed Form LD-2 – Lobbying Report, in accordance with the Lobbying Disclosure Act of 1995 for the period of July 1 – December 31, 2002.

The Association of University Centers on Disabilities (AUCD), formerly the American Association of University Affiliated Programs for Persons with Developmental Disabilities, is a not-for-profit organization as determined under the IRS Code 501(c)(3). AUCD is the national office of a membership organization which trains personnel to work in the field of developmental disabilities.

Please accept this form as filed for purposes of being in compliance with the Lobbying Disclosure Act of 1995. If you should have any questions regarding this filing or need additional data, please contact me at 301/588-8252.

Sincerely,

Donna A. Meltzer  
Director of Legislative Affairs

8630  
Suite  
Silver  
t: 301  
f: 301  
www

Rober  
Preside

David  
Preside

Rober  
Past P

Gloria  
Past-P

Frede  
Secret

Sarah  
Treas

Ann  
Natio  
Direc

Joe E  
Mem

Shar  
Coun

Dalic  
RN, I  
Interc

Dian  
Natic  
Direc

Jan  
Merr

Car  
Mult

Nor  
Cour

Step  
Men

Marl  
Mer

Luci  
Mer

Gec  
Exe



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
---	--

SECRETARY OF THE SENATE  
03 FEB 25 AM 9:5

# LOBBYING REPORT

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

1. Registrant Name AUCD			
2. Address <input type="checkbox"/> Check if different than previously reported 8630 Fenton Street, Suite 410			
3. Principal Place of Business (if different from line 2) City: Silver Spring State/Zip (or Country) MD 20910			
4. Contact Name Donna A. Meltzer		Telephone 301/588-8252	E-mail (optional) dilmeltzer@aucd.org
7. Client Name <input checked="" type="checkbox"/> Self Self		5. Senate ID # 172	6. House ID # 331

**TYPE OF REPORT** 8. Year 2002 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

<p align="center"><b>12. Lobbying Firms</b></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"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6113 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 6113 Internal Revenue Code</p>
---	---

Signature Donna A. Meltzer  
Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

LD-2 (REV. 6/98)

Registrant Name AUCD Client Name Self

**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 code information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Appropriations for Labor, Health and Human Services, Education and Related Agencies

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

US House of Representatives Appropriations Subcommittee on Labor, HHS, Education  
US Senate Appropriations Subcommittee on Labor, HHS, Education

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

Name	Covered Official Position (if applicable)
Donna Meltzer	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	

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

Signature Donna P. Meltzer Date 2/10/05

Signature [Handwritten Signature]

11

Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

Form LD-2 (Rev. 6/98)

P:

Registrant Name AUCD Client Name Self

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 (one per page)

16. Specific lobbying issues

Family Opportunity Act (H.R. 600/S. 321)  
Child Abuse Prevention and Treatment Act Reauthorization (H.R. 3839)  
Lifespan Respite Care Act (S. 2489)

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

Check if None

Senate Committee on Finance  
Senate Committee on Health, Education, Labor, and Pension  
House Committee on Energy and Commerce  
House Committee on Ways and Means

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

Name	Covered Official Position (if applicable)
Kim Musheno	
Donna Meltzer	

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

Check if None

Signature [Handwritten Signature]

Date 2/10/03

Signature [Handwritten Signature]  
Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

Form LD-2 (Rev. 6/98)

Page

Registrant Name AUCD Client Name Self

**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 EDU (one per page)

16. Specific lobbying issues

Reauthorization of the Individuals with Disabilities Education Act (P.L. 105-17)

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

Senate Committee on Health, Education, Labor, and Pension  
House Committee on Education and the Workforce  
US Department of Education, Office of Special Education Programs

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

Name	Covered Official Position (if applicable)
Kim Musheno	

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

Signature [Handwritten Signature] Date 2/10/03

Signature \_\_\_\_\_  
Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

Form LD-2 (Rev.6/98)

Pt

Registrant Name AUCD Client Name Self

**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 code information as requested. Attach additional page(s) as needed.

15. General issue area code WEL (one per page)

16. Specific lobbying issues

Reauthorization of the Temporary Assistance to Needy Families Act' (H.R. 4737)

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

Check if None

Senate Committee on Finance  
House Committee on Energy and Commerce  
Department of Health and Human Services, Administration on Children and Families and Administration  
Developmental Disabilities

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

Name	Covered Official Position (if applicable)
Donna Meltzer	

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

Check if None

Signature Donna P. Meltzer Date 2/10/03

Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

Form LD-2 (Rev.6/98)

Page

Registrant Name AUCD Client Name Self

**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 Bu (city and state or cc

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 regist affiliated organization

Signature Donna A. Meltzer Date 2/10/03

Printed Name and Title Donna A. Meltzer, Director of Legislative Affairs

Form LD-2 (Rev. 6/98)

Pag