Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

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LOBBYING REPORT

02 FEB 13 AM 6:1

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

1. Registrant Name			
2. Address Check if different than previously reported.			
1201 Pennsylvania Avenue, N.W.			
·			
3. Principal Place of Business (if different from line 2)			
City: Washington	State/Zip (or Country) DC		
4. Contact Name Telephone En	11		
Roderick A. DeArment 202-662-5900 rd			
7. Client Name Self	6. House ID #		
Association of American Medical Colleges	31827006		
TYPE OF REPORT 8. Year 2001 Midyear (January	1-June 30) OR Year End (July1-December 3		
9. Check if this filing amends a previously filed version	of this report		
10. Check if this is a Termination Report ☐ ⇒ Term	nation Date 11. No Lobbying Acti		
INCOME OR EXPENSES - Complete Either Li	ne 12 OR Line 13		
12 Lobbying Finns	12 0		
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this	EXPENSES relating to lobbying activities for t		
reporting period was:	reporting period were:		
Less than \$10,000 [Less than \$10,000		
	Sees than (\$10,000 E		
\$10,000 or more \boxtimes \Rightarrow \$\text{20,000}\$ Income (nearest \$20,000)	\$10,000 or more		
meome (nearest \$20,000)	Expenses (nearest \$20,0		
Provide a good faith estimate, rounded to the nearest	14. REPORTING METHOD. Check box to		
\$20,000, of all lobbying related income for the client (including all payments to the registrant by any other	expense accounting method. See instructic description of options.		
entity for lobbying activities on behalf of the client.)	description of options.		
	Method A. Reporting amounts using LDA		
	definitions only Method B. Reporting amounts under section		
	6033(b)(8) of the Internal Reve		
	Code		
l	Method C. Reporting amounts under 162(c) Internal Revenue Code		
	miemai Revenue Code		
Signature	Date February 11, 2002		
Printed Name and Title Roderick A. DeArment	·· — — — — — — — — — — — — — — — — — —		

		·····

Registrant Name	Covington & Burling	Client Name	Association of American Medic Colleges
registrant engaged i	CTIVITY. Select as many in lobbying on behalf of the clie mation as requested. Attach ad	ent during the reporting	reflect the general issue areas in v g period. Using a separate page ded.
15. General issue a	area code <u>HCR</u>	(one per page)	
16. Specific lobby	ing issues		
 Funding for bio Medical Innova 			
17. House(s) of Co	ngress and Federal agencies co	ntacted	Check if None
House of Represen Senate Department of Hea	itatives alth and Human Services		
18. Name of each	individual who acted as a lobby	rist in this issue area	
	Name	Covered Offic	cial Position (if applicable)
Roderick A. DeArı	ment	Partner	
Joan L. Kutcher		Legislative Counse	el

19. Interest of each	foreign entity in the specific is	ssues listed on line 16	above Check if No
		,	

Signature		D	ate February 11, 2002

Printed Name and Title Roderick A. DeArment
Filing #09be88f9-152c-4000-9aff-38ebb255f801 - Page 3 of 6

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Information Update	e Page - Complete	ONLY where registration i	information has change	d.
20. Client new address		· · · · · · · · · · · · · · · · · · ·		
21. Client new principal p	nlace of business (if d	ifferent from line 20)		***********
City	, , , , , , , , , , , , , , , , , , ,			
22. New general descript	ion of client's busines	s or activities	or Country)	••••••
LOBBYIST UPDAT				
23. Name of each previou	sly reported individua	al who is no longer expected	l to act as a lobbyist for the	ne clie
ISSUE UPDATE				
24 General Johnsing issue				
.4. General lobbying issui	es previously reported	that no longer pertain		
	es previously reported	that no longer pertain		
		that no longer pertain		
AFFILIATED ORG	GANIZATIONS			
AFFILIATED ORC	GANIZATIONS)	Principal Place of	Ducin
AFFILIATED ORG	GANIZATIONS		Principal Place of (city and state or	
AFFILIATED ORC	GANIZATIONS)		
AFFILIATED ORG 25. Add the following aff Name	GANIZATIONS iliated organization(s)	(city and state or	count
AFFILIATED ORG 25. Add the following aff Name	GANIZATIONS iliated organization(s	Address	(city and state or	count
AFFILIATED ORC 25. Add the following aff Name 26. Name of each previous	SANIZATIONS iliated organization(s	Address	(city and state or	count
AFFILIATED ORC 25. Add the following aff Name 26. Name of each previous FOREIGN ENTITIE 27. Add the following for	Sanization(s) sly reported organization sly reported organization	Address	(city and state or	count
AFFILIATED ORCES. Add the following afforms Name 26. Name of each previous	SANIZATIONS iliated organization(s	Address ion that is no longer affiliate	(city and state or	count
AFFILIATED ORC 25. Add the following aff Name 26. Name of each previous FOREIGN ENTITIE 27. Add the following for	Sanization(s) sly reported organization sly reported organization	Address ion that is no longer affiliate Principal place of business	(city and state or ed with the registrant or ed) Amount of contribution	Own
AFFILIATED ORC 25. Add the following aff Name 26. Name of each previous FOREIGN ENTITIE 27. Add the following for Name 28. Name of each previous	S eign entities Address Address	Address ion that is no longer affiliate Principal place of business (city and state or country)	ed with the registrant or of Amount of contribution for lobbying activities	Own perce clien
AFFILIATED ORC 25. Add the following aff Name 26. Name of each previous FOREIGN ENTITIE 27. Add the following for Name	S eign entities Address Address	Address ion that is no longer affiliate Principal place of business	ed with the registrant or of Amount of contribution for lobbying activities	Own perce clien

Signature Printed Name and Title

Date February 11, 2002

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