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SECRETARY OF THE SENATE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? Yes No

1. Effective Date of Registration 01/01/2

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization Bracewell & Patterson, L.L.P.

Address 2000 K Street, NW Suite 500

City Washington State DC Zip 20006

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

City _____ State _____ Zip _____

5. Telephone number and contact name

(202) 828-5841 Prefix _____ Full Name Michael Pate

Contact Mr. E-mail michael.pate@bracepatt.co

6. General description of registrant's business or activities

Lawfirm

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

7. Client name AARP

Address 601 E Street, NW, A6-270

City Washington State DC Zip 20049 Country _____

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

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities

Social Security

LOBBYISTS

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

First	Name		Covered Official Position (if applicable)
	Last	Suffix	
James	Chapman		
Scott	Segal		

Michael J. Kelly

Registrant Name Bracewell & Patterson, L.L.P.

Client Name AARP

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lob

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

AGR

RET

TAX

12. Specific lobbying issues (current and anticipated)

Reform of Social Security Program

AFFILIATED ORGANIZATIONS

Go to page 3 to add more o

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant i 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 match criteria above, then proceed to line 14.

Name	Address	Principal place of Busi (city and state or cou

FOREIGN ENTITIES

Go to page 3 to add more fo

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 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 outcom lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each en matching the criteria above, then sign and d registration.

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

Printed Name and Title _____

Registrant Name Bracewell & Patterson, L.L.P.

Client Name AARP

ADDITIONAL LOBBYISTS

Return to page 2 to fini

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

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to fini

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 fini

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

Name	Address	Principal place of Business (city and state or country)

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to fini

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

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

Printed Name and Title _____

Registrant Name Bracewell & Patterson, L.L.P.

Client Name The Lower Colorado River Authority

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	Last	Suffix	

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Add an additional supplementary inform

Printed Name and Title _____

