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Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name American Association of Diabetes Educators			
2. Address <input type="checkbox"/> Check if different than previously reported 100 W. Monroe Street, Suite 400			
3. Principal Place of Business (if different from line 2) City: Chicago State/Zip (or Country) IL 60603			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID # 43707-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34124000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☐ OR Year End (July 1-Decen

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 /

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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">13. Organizations</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</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Michael Warner, Director of Marketing

LD-2 (REV. 6/98)

P.A

American Association of Diabetes
 Registrant Name Educators Client Name _____

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Reimbursement for diabetes self-management training.

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

☐ Check if None

U.S. House of Representatives
 U.S. Senate

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

Name	Covered Official Position (if applicable)
Diana Pihos	
Christopher Laxton	

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

☐ Check if None

Signature



Date Feb 9, 2003

Printed Name and Title Michael Warner, Director of Marketing

Form LD-2 (Rev.6/98)

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