

|   |  |
|---|--|
| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

# LOBBYING REPORT

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

SECRETARY OF THE S  
03 FEB 14 PM 4:

1. Registrant Name

**Covington & Burling**

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/200**

4. Contact Name

Telephone

Email (optional)

5. Senate ID #

**Roderick A. DeArment 202-662-5900**

**rdearment@cov.com**

**11195-188**

7. Client Name ☐ Self

**American Association of Oral and Maxillofacial Surgeons**

6. House ID #

**31827001**

**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

### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000 ☒

\$10,000 or more ☐ ⇒ \$ \_\_\_\_\_  
Income (nearest \$20,000)

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income for 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 period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

14. **REPORTING METHOD.** Check box expense accounting method. See instructions for description of options.

☒ **Method A.** Reporting amounts using LI definitions only

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

☐ **Method C.** Reporting amounts under 16 Internal Revenue Code

Signature \_\_\_\_\_ Date February 13, 2003  
Printed Name and Title **Roderick A. DeArment**

DC: 599050-2

Registrant Name **Covington & Burling** Client Name **American Association of Oral & Maxillofacial Surgeons**

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page code,** provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

**Preventing discrimination in employment and reimbursement based on academic degree.**  
**Patient's Bill of Rights legislation.**  
**Health care generally.**

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

☐ Check if None

**House of Representatives**  
**Senate**

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

Name

Covered Official Position (if applicable)

**Roderick A. DeArment**

**Joan L. Kutcher**

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

☐ Check if None

Signature \_\_\_\_\_

Date February 13, 2003

Printed Name and Title

**Roderick A. DeArment**

Registrant Name **Covington & Burling** Client Name **American Association of Oral  
Maxillofacial Surgeons**

**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 cl

**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<br>(city and state or cou |
|-------|---------|---|
| ..... | .....   | .....   |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or clien

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name  | Address | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities | C<br>p<br>c |
|-------|---------|--|---|-------------|
| ..... | .....   | .....  | .....   | .....       |

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

Signature  Date February 13, 2003  
Printed Name and Title Roderick A. DeArment