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02 SEP -5 PM 2: 2

LOBBYING REPORT

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

| | | | |
|--|----------------|-------------------|--------------------------|
| 1. Registrant Name National Council on Independent Living | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1916 Wilson Blvd, Suite 209 | | | |
| 3. Principal Place of Business (if different from line 2) City: Arlington State/Zip (or Country) VA 22201 | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Anne-Marie Hughey | (703) 525-3406 | hughey@ncil.org | 3540101 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # 3540201 |

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">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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |
|--|--|

Signature _____

Printed Name and Title _____

Anne-Marie Hughey

Registrant Name National Council on Independent Living Client Name _____

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

16. Specific lobbying issues

Funding for Title VII part C of the Rehabilitation Act as amended 1997

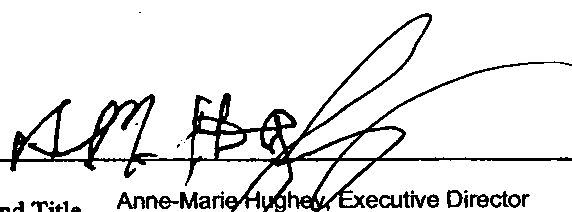
17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives
Executive Office of the President
Department of Education

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| Courtland Townes III | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/27/02
Printed Name and Title Anne-Marie Hughey, Executive Director

Registrant Name National Council on Independent Living Client Name _____

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

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

16. Specific lobbying issues

Implementation of the Olmstead Executive Order
Protection of the Americans with Disabilities Act from amendments that would hinder its implementation and enforcement
Maintaining judicial integrity for Civil Rights laws

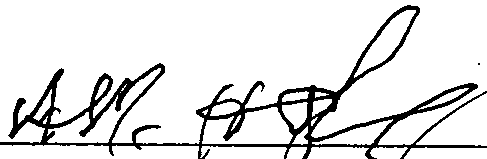
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate
Executive Office of the President

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| Courtland Townes III | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/27/02

Printed Name and Title Anne-Marie Hughey, Executive Director

Registrant Name National Council on Independent Living Client Name _____

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

16. Specific lobbying issues

Seeking support for passage of the Medicaid Community Attendant Services and Supports Act. Senate (S1298)/House (HR3612)

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

Senate
House of Representatives
Executive Office of the President

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| Courtland Townes III | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/27/02
Printed Name and Title Anne-Marie Hughey, Executive Director

Registrant Name National Council on Independent Living Client Name _____

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

Marcie Roth

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 Business (city and state or country) |
|------|---------|---|
| | | |

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

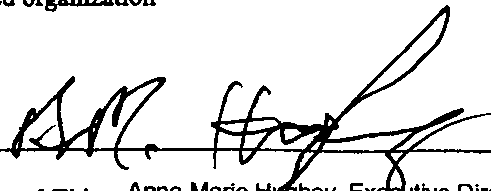
FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Own percentage |
|------|---------|---|--|----------------|
| | | | | |

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

Signature



Date

8/27/02

Printed Name and Title Anne-Marie Hughey, Executive Director

