

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

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration \_\_\_\_\_

2. House Identification Number 30636000

Senate Identification Number 1694-12

## REGISTRANT

3. Registrant name AARP

Address 601 E Street NW

City Washington

State DC

Zip 20049

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 434-3800

Contact David Certner

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Advocacy

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

7. Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities \_\_\_\_\_

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

Name	Covered Official Position (if applic
Timothy J. Gearan	

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Registrant Name AARP Client Name \_\_\_\_\_

**LOBBYING ISSUES**

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

BUD      HOU      RET

12. Specific lobbying issues (current and anticipated)

Appropriations and Low-Income Housing

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No => Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of 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 lobbying activity?

No => Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature \_\_\_\_\_

*Timothy J. Gearing*

Date 8/9/02

Printed Name and Title

Timothy J. Gearing Senior Leader

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Representat<sup>l</sup>