

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF
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LOBBYING REPORT

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

1. Registrant Name <u>MEDICAID POLICY, LLC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1450 G STREET, N.W. SUITE 215</u>			
3. Principal Place of Business (if different from line 2) City: <u>WASHINGTON</u> State/Zip (or Country) <u>DC 20005</u>			
4. Contact Name <u>ANDY SCHNEIDER</u>		Telephone <u>(202) 393-6898</u>	E-mail (optional) 5. Senate ID # <u>5398</u>
7. Client Name <input type="checkbox"/> Self <u>CALIFORNIA RURAL INDIAN HEALTH BOARD</u>			6. House ID # <u>3497</u>

TYPE OF REPORT 8. Year 2001 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code	

Signature

Printed Name and Title

ANDREW C. SCHNEIDER
Filing #435bf784-c6f8-496e-953c-fd2f1392ecc7 - Page 1 of 2

DDI/CID/PAI

