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SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

I. Effective Date of Registration January 1, 2001

2. House Identification Number

Senate Identification Number

REGISTRANT

3. Registrant name Shaw Pittman

Address 2300 N Street, NW

City Washington

State DC

Zip 20037

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

City n/a

State/Zip (or Country) n/a

5. Telephone number and contact name

202.663.8245

Contact Claudia A. Hrvatin E-mail (optional) claudia.hrvatin@shawpittman.com

6. General description of registrant's business or activities

Law firm

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

7. Client name American Academy of Ophthalmology

Address 1101 Vermont Avenue, NW, Suite 700

City Washington

State D.C.

Zip 20005

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

City n/a

State/Zip (or Country) n/a

9. General description of client's business or activities

Professional association of ophthalmologists

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

Name	Covered Official Position (if applicable)
Janice Ziegler	
Adam Kohn	

Registrant Name Shaw Pittman

Client Name American Academy of Ophthalmologists

LOBBYING ISSUES

F1. General Lobbying issues areas. Selected all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

MMM

F2. Specific lobbying issues (current and anticipated)

Coverage of vision rehabilitation services

AFFILIATED ORGANIZATIONS

F3. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in a whole or in major part plans, supervises or controls the registrant's lobbying activities?

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)
n/a		

FOREIGN ENTITIES

F4. Is there any foreign entity that:

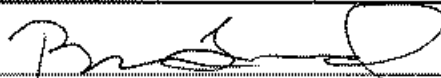
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of 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	Ownership percentage in client
n/a				

Signature



Date 04/26/2001

Printed Name and Title Bruce M. Fried, Partner

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