

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

SECRETARY OF THE SENATE
02 FEB 15 PM

LOBBYING REPORT

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

1. Registrant Name National Campaign for Hearing Health			
2. Address <input type="checkbox"/> Check if different than previously reported 1050 17th Street, Suite 701			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Carrie Cleary	(202) 289-5850	carrie@drf.org	58
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35

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 Activities

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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature Carrie Cleary

Printed Name and Title _____
James C. Gray, Deputy Director

LD-2 (REV. 6/98)



Registrant Name National Campaign for Hearing Health Client Name _____

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

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

16. Specific lobbying issues

--Family Opportunity Act
--Encourage private insurance reimbursement of hearing aids and cochlear implants.

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

House, Senate

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

Name	Covered Official Position (if applicable)
Carrie Cleary	Aide, Senator Robert Torricelli

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Carrie Cleary Date 2/8/02

Printed Name and Title Carrie Cleary, Deputy Director



Registrant Name National Campaign for Hearing Health Client Name _____

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

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

16. Specific lobbying issues

--Medicare Wellness Act of 2001
--Increase reimbursement of cochlear implants under Medicare's Outpatient Prospective Payment System
--Encourage reimbursement of hearing aids under Medicare.
--Encourage enforcement of EPSDT, as it applies to hearing health, under Medicaid.

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

House, Senate, Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Carrie Cleary	Aide, Senator Robert Torricelli

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Carrie Cleary* Date 2/8/02

Printed Name and Title Carrie Cleary, Deputy Director



Registrant Name National Campaign for Hearing Health Client Name _____

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

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

16. Specific lobbying issues

--Full funding of the Individuals With Disabilities Education Act

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

House, Senate

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

Name	Covered Official Position (if applicable)
Carrie Cleary	Aide, Senator Robert Torricelli

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Carrie Cleary Date 2/8/02

Printed Name and Title Carrie Cleary, Deputy Director



Registrant Name National Campaign for Hearing Health 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

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

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 2/8/02

