

LOBBYING REPORT

01 FEB -7 PM 5:38

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

| | | | |
|--|--|--|------------------------------------|
| 1. Registrant Name Covington & Burling | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported. 1201 Pennsylvania Avenue, N.W. | | | |
| 3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC/20004 | | | |
| 4. Contact Name Roderick A. DeArment | | Telephone 202-662-5900 | 5. Senate ID # 11195-188 |
| 7. Client Name <input type="checkbox"/> Self American Association of Oral and Maxillofacial Surgeons | | Email (optional) rdearment@cov.com | 6. House ID # 31827001 |
| TYPE OF REPORT 8. Year <u>2000</u> Midyear (January 1-June 30) <input type="checkbox"/> OR Year End (July 1-December 31) <input checked="" type="checkbox"/> | | | |
| 9. Check if this filing amends a previously filed version of this report <input type="checkbox"/> | | | |
| 10. Check if this is a Termination Report <input type="checkbox"/> ⇨ Termination Date _____ 11. No Lobbying Activity <input type="checkbox"/> | | | |

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 checked="" type="checkbox"/> | Less than \$10,000 <input 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 for 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 expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under 162(c) of the Internal Revenue Code |

Signature  Date February 2, 2001
Printed Name and Title Roderick A. DeArment

Registrant Name Covington & Burling

Client Name American Association of Oral and
Maxillofacial Surgeons

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 HCR (one per page)

16. Specific lobbying issues

Preventing discrimination in employment and reimbursement based on academic degree
H.R. 1415 "The Patient Access to Responsible Care Act"; H.R. 4250 "The Patient Protection Act"
Health care generally

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

House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) | New |
|----------------------|---|--------------------------|
| Roderick A. DeArment | Partner | <input type="checkbox"/> |
| John L. Kutcher | Legislative Counsel | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature _____ Date February 2, 2001
Printed Name and Title Roderick A. DeArment

Registrant Name

Covington & Burling

Client Name

American Association of Oral and
Maxillofacial Surgeons**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 UPDATE23. 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 | Ownership percentage in client |
|------|---------|--|---|--------------------------------------|
| | | | | |

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

Signature

Date February 2, 2001

Printed Name and Title

Roderick A. DeArment