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

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LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

					1. Effective Date of Registration 01/01/2			
2. House Identification Number					Senate Identification Number			
REGISTR					***			
3. Registrant	name Organization E	Bracewell 8	& Patte	erson, L.L.	P.		***************************************	
Address 2000 K STREET, NW				SUITE 500				
City	WASHINGTON			State DC		Zip 20006-1872	<u> </u>	
4. Principal	place of business (if di	fferent tha	ın line	3)				
City				State		Zip		
5. Telephone	e number and contact n	ame	Prefix	Full Nam	ē			
(2	202) 828-5841	Contact	Mr.	Michae	I L. Pate	E-mail michael.pate@)bracepatt.co	
6. General d	escription of registrant	's busines	s or ac	tivities				
7. Client nat	labeled "Self" and proceed to me AARP	line 10.	Setf			zations employing in-house lobbyi		
Address	601 E Street, NW, A6-	270	.,,		.,			
City	Washington			State DO	<u></u>	Zip 20006-1872	Country	
8. Principal	place of business (if di	ifferent tha	an line	7)				
City				State		Zip	Country	
	lescription of client's b t, nonpartisan member				le over 50	years of age		
section h	each individual who has as served as a "covered e t for the client, state the Name	xecutive br	anch of ncl/or le	fficial" or " egislative p	covered legi osition(s) in	Go to per the client identified on line islative branch official" with a which the person served. Sovered Official Position (if a	in two years of	

Scott H.	Segal							
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Registrant Name_Bracewell & Patterson, L.L.P.			P.	Client Name AARP				
LOBBY	ING ISSUI	ES areas. Select all a	pplicable codes lis	ted in instructions and on	the reverse side of Form LD-1,			
AGR	RET	TAX	-					
· - ·	lobbying issue of Social Secu	s (current and anti rity Program	cipated)					
13 Is there	an entity other	GANIZATION than the client tha	it contributes more	than \$10,000 to the lobb pervises or controls the re	ying activities of the registrant in egistrant? s lobbying activities?			
No ⇒ Go to line 14.			Yes⇔	Complete the rest of the criteria above, then pro	nis section for each entity matchi oceed to line 14.			
	Name		Ade	Principal place of Busin (city and state or cour				
	b) directly or i	ntity that: st 20% equitable of indirectly, in whole r any organization te of the client or a	e or in major part, identified on line	13; or	dentified on line 13: Or s, directs, finances or subsidizes as a direct interest in the outcome			
N N	lo ⇔ Sign and c	date the registratio	n.		he rest of this section for each en he criteria above, then sign and d			
Name		A	ddress	Principal place of business (city and state or coun	Amount of contribution for try) lobbying activities			
Signature	M	hhl 2	Por_	Date	3-9-05			
•	ame and Title	Michael L. P	ate, Partner					

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