

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
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SECRETARY OF
03 FEB -3

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 checked="" type="checkbox"/> Check if different than previously reported <u>1330 G STREET, NW SUITE 725</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 SCHWEIDER</u>		Telephone <u>(202) 393-6898</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>TURTLE HEALTH PLAN</u>		5. Senate ID #	
		6. House ID #	

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Andrew B. Schindler

Printed Name and Title ANDREW S. SCHNEIDER, DIRECTOR

LD-2 (REV. 6/98)

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Registrant Name MEDICAID POLICY LLC Client Name TURTLE HEALTH PLA

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 MMM (one per page)

16. Specific lobbying issues

MEDICAID FINANCING OF URBAN INDIAN HC PROGRAMS (S.1753)


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

SENATE
CONGRESSIONAL BUDGET OFFICE

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

Name	Covered Official Position (if applicable)
<u>ANDY SCHNEIDER</u>	

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

Signature  Date 1/26/03

Printed Name and Title ANDREAS G. SCHNEIDER PRINCIPAL

