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LOBBYING REPORT

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/2000			
4. Contact Name Roderick A. DeArment		Telephone 202-662-5900	Email (optional) rdearment@cov.com
5. Senate ID # 11195-188			
7. Client Name <input type="checkbox"/> Self American Association of Oral and Maxillofacial Surgeons		6. House ID # 31827001	

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 Act

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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (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.)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) 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 11, 2002
Printed Name and Title **Roderick A. DeArment**

Registrant Name **Covington & Burling**

Client Name **American Association of Oral a
Maxillofacial Surgeons**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page 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
Patient's Bill of Rights legislation
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)

Roderick A. DeArment

Partner

Joan L. Kutcher

Legislative Counsel

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature _____
Printed Name and Title **Roderick A. DeArment**

Date **February 11, 2002**

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 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

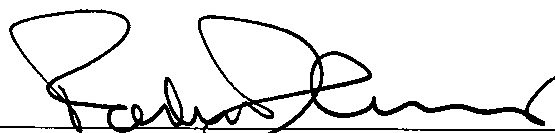
FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own percentage of client

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

Signature



Printed Name and Title

Roderick A. DeArment

Date **February 11, 2002**

[REDACTED]

[REDACTED]