

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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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 1/13/2002. House Identification Number 30636000 Senate Identification Number 1694-12**REGISTRANT**

3. Registrant name

AARP

Address

601 E Street N.W.

City

Washington

State

DC

Zip

20049

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

202 434-3750

Contact

David Certner

E-mail (optional)

6. General description of registrant's business or activities

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box below and proceed to line 10.*  Self

7. Client name

Self

Address

City

State

Zip

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any per this section has served as a "covered executive branch official" or "covered legislative branch official" within two years, acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name

Covered Official Position (if applicable)

Andrea Price

Form LD-1 (Rev. 06/98)

Registrant Name AARP Client Name self

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

HCR MMM RET

12. Specific lobbying issues (current and anticipated)

Health care, including Medicare and Medicaid

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in ti of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign: registration.

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

Signature [Handwritten Signature] Date 1-13-02

Printed Name and Title Andrea Hice, Sr. Associate, Legislator

Form LD-1 (Rev. 06/98)