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LOBBYING REPORT

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

1. Registrant Name <u>Valerie Wilbur</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4607 Connecticut Avenue NW # 510, Wash DC 20008</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <u>Valerie Wilbur</u>	Telephone <u>202-361-1485</u>	E-mail (optional)	5. Senate ID # <u>50216</u>
7. Client Name <input type="checkbox"/> Self <u>National Chronic Care Consortium</u>			6. House ID # <u>3416</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobby: _____

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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ <u>\$24,000</u> 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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(C) Internal Revenue Code</p>
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Signature [Handwritten Signature]
Printed Name and Title Valerie Wilbur, Principal, the Wilbur



Registrant Name Valerie Wilbur Client Name National Chronic Care

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 and information as requested. Attach additional page(s) as needed

15. General issue area code MMU (one per page)

16. Specific lobbying issues

Worked with members of congress to improve health care policy for people with chronic conditions, with heavy emphasis on Medicare and Medicaid policy. Advocated for introduction and enactment of S. 1589 and HR 3188. General advocacy for Medicare reform in support of chronically ill.

17. House(s) of Congress and Federal agencies contacted

Check if None

- United States Senate
- United States House of Representatives
- Center for Medicare and Medicaid Policy
- Department of Health & Human Services
- Medicare Payment Advisory Commission

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

Name	Covered Official Position (if applicable)
<u>Valerie Wilbur</u>	

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

Check if None

1112000000

Date 12/12/01

Signature

[Handwritten Signature]

Printed Name and Title

Valerie Wilbur, Principal, the Wilbur

