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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>National Council On Independent Living</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1916 WILSON BLVD. SUITE 209</u>			
3. Principal Place of Business (if different from line 2) City: <u>ARLINGTON</u> State/Zip (or Country) <u>VA - 22201</u>			
4. Contact Name <u>ANNE-MARIE HUGHEY</u>	Telephone <u>703-525-3406</u>	E-mail (optional) <u>HUGHEY@NCIL.ORG</u>	5. Senate ID # <u>35</u>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <u>354020</u>		

TYPE OF REPORT 8. Year _____ 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature Ann Marie Hughey

Printed Name and Title Ann Marie Hughey, Executive Director



21 20
National Council On Independent Living

Registrant Name _____ Client Name _____

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 Busin (city and state or coun

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	C P C

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

Signature

AM. H. G. L.

Date

2/13/10

Printed Name and Title

Anne-Marie Dughey, Executive Director



National Council ON

Registrant Name Independent Living Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Funding For Title 7 part C of the Rehabilitation Act as amended 1997

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

Senate
House of Representatives
Executive Office of the President
Department of Education

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

Name	Covered Official Position (if applicable)
Marcie Roth	

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

Signature [Signature] Date 2/13/02
Printed Name and Title Anne-Marie Hughey, Executive Dir.



National Council ON

Registrant Name Independent Living Client Name _____

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

16. Specific lobbying issues

Implementation of the Olmstead decision
Protection of the Americans with Disabilities Act
amendments
That would hinder implementation and enforcement
Americans with Disabilities Act.
Maintaining judicial integrity for Civil Rights

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

House of Representatives
Senate
Executive Office of the President

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

Name	Covered Official Position (if applicable)
<u>Marcie Roth</u>	

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

Signature [Handwritten Signature] Date 2/6/02

Printed Name and Title Anne-Marie Dughey, Executive Director

