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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration Effective Date of Registration 4/27/01
 2. House Identification Number 3539501 Senate Identification Number 62778-113

REGISTRANT

3. Registrant name Rischetti, Inc.
 Address 1001 G. St. NW Suite 700 East
 City Washington State DC Zip 20001
 4. Principal place of business (if different from line 3)
 City SAME State/Zip (or Country)
 5. Telephone number and contact name
(202) 879-9367 Contact Jay Heimlich E-mail (optional)
 6. General description of registrant's business or activities
Government Relations

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

7. Client name American Association of Nurse Anesthetists
 Address 412 First Street SE
 City Washington State DC Zip 20003
 8. Principal place of business (if different from line 7)
 City Park Ridge State/Zip (or Country) IL 60068
 9. General description of client's business or activities
HCR

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Add

Name	Covered Official Position (if applicable)
<u>Lisa Kauntoupas</u>	<u>Deputy Assistant to the President</u> <u>Special Assistant to the President</u>

Registrant Name Ricchetti Inc.

Client Name AANA

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Medicare issues

AFFILIATED ORGANIZATIONS

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

No → Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

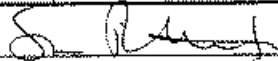
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
-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

No → Sign and date the registration.

Yes † Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date

05/08/01

Printed Name and Title Steve Ricchetti, President and Founder