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LOBBYING REPORT

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

1. Registrant Name Olsson, Frank and Weeda, P.C.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1400 16th Street, N.W. Suite 400 City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Marshall L. Matz	Telephone 789-1212	E-mail (optional)	5. Senate ID # 30212-36
7. Client Name <input type="checkbox"/> Self American Academy of Audiology			6. House ID # 30804001

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) **OR** Year End (July 1-Dec)

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 Lobbyi

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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:
	<input type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code

Signature _____

Date 8/14/02

Registrant Name: Olsson, Frank and Weeda, P.C.Client Name: American Academy of Audiology

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific Lobbying issues

Monitor and advocate regarding audiology issues, including within the Federal Employee Health Benefit Plan, Medicaid, and the Individuals with Disabilities Act.

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

 Check if None

**Center for Medicare and Medicaid Services
House of Representatives
Senate**

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

Name	Covered Official Position (if applicable)
Bode, John W.	
Furman, Pamela J.	
Grymes, Susan P.	
Harned, Karen Reis	
Lacey, Stephen L.	
Matz, Marshall L.	
Pahl, Tish E.	

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

 Check if None

Signature _____

Date 8/14/02

Registrant Name: Olsson, Frank and Weeda, P.C.Client Name: American Academy of Audiology

Item	Description	Data
18a	Lobbyist Name	Redpath, Tyson
18b	Covered Official Position	
18c	New Lobbyist	No
18a	Lobbyist Name	Stroschein, Ryan
18b	Covered Official Position	
18c	New Lobbyist	No

Registrant Name: Olsson, Frank and Weeda, P.C.Client Name: American Academy of Audiology**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
Harned, Karen Reis
Redpath, Tyson

ISSUE UPDATE24. 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)

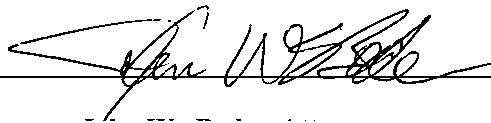
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

Signature _____


Date 8/14/02

