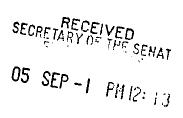
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 2. House Identification Number 3063600			Effective Date of Registration Senate Identification Number 1694-12			
8. Registrant name	AARP		······	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address	601 E	Street, N.W.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	Washi	ngton, DC	State	2	^{Zip} 20049	
4. Principal place	of business (if a	different from line 3)	State/Zi	p (or Country)		
5. Telephone num	ber and contact			E-mai	l (optional)	
		nt's business or activities				
CLIENT A Lo		uired to file a separate registrate	ion for each client. Organiza	tions employing i	in-house lobbyists sho	
CLIENT 1 Lo label 7. Client name	ed "Self" and proc	reed to line 10.				
CLIENT A Lo label 7. Client name Address	ed "Self" and proc	reed to line 10.	State			
CLIENT A Lo label 7. Client name Address City 8. Principal place	ed "Self" and proc	different from line 7)	State/			
CLIENT A Lo label 7. Client name Address City 8. Principal place City	ed "Self" and proc	reed to line 10.	State/			
CLIENT A Lo label 7. Client name Address City 8. Principal place City 9. General descri	ed "Self" and proc	different from line 7)	State/			
CLIENT A Lo label 7. Client name Address City 8. Principal place City 9. General descri LOBBYIST 10. Name of each this section	ed "Self" and proc	different from line 7)	State/2 State/2 o act as a lobbyist for th h official" or "covered 1	Zip (or Countr	y) Tied on line 7. If a	
CLIENT A Lo label 7. Client name Address City 8. Principal place City 9. General descri LOBBYIST 10. Name of each this section	ed "Self" and process of business (if ption of client's individual who has served as a bbyist for the c	different from line 7) s business or activities has acted or is expected t	State/2 State/2 o act as a lobbyist for th h official" or "covered 1	Zip (or Countresserved) e client identife egislative bran	y) Tied on line 7. If a	

Form LD-1 (Rev. 06/98)

nt Name AARP			Client Name					
LOBBYING ISSUE	ES areas. Select :	all applicable	codes listed i	n instructions	and on the rev	verse side of Fe	orm LD-	
MMM	HCR	FIN	BUD	HOU	TAX	TEC	ַנע	
RET 12. Specific lobbying issues	(current and	anticipated)						
All issues affe			ving ol	der Ame	ricans.			
					,			
AFFILIATED ORG 13. Is there an entity other a semiannual period a	than the cli	ent that cont	ributes more part plans, s	e than \$10,00 upervises or	00 to the lobb controls the	ying activitie registrant's le	es of the	
☐ No ⇔ Go to lir	ne 14.					ection for eacrosceed to line		
Name			Address			Principal Place of Bu (city and state or co		
FOREIGN ENTIT						-		
	ndirectly, in f the client o	whole or in r any organi	major part, zation ident	plans, super ified on line	vises, control 13; or	s, directs, fin	nances o	
c) is an affiliat of the lobby			ganization ic	ientified on l	line 13 and na	as a direct int	terest in	
☐ No ⇔ Sign and o	stration.	-			the rest of this section for e the criteria above, then sign on.			
Name		Address		Principal busin (city and state	ess	Amoun contributi- lobbying ac	on for	
Signature Daniel	P. Slo	me/B	 L		Date	9-1-0	5	

Form LD-1 (Rev. 06/98)