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## LOBBYING REPORT

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

1. Registrant Name American Academy of Audiology			
2. Address <input type="checkbox"/> Check if different than previously reported 11730 Plaza America Drive, Suite 300			
3. Principal Place of Business (if different from line 2) City: Reston State/Zip (or Country) VA 20190			
4. Contact Name Jodi Chappell	Telephone (703) 790-8466	E-mail (optional) jchappell@audiology.org	5. Senate ID # 7937
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3619

**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 Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____ 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000.00</u> Expenses (nearest \$20.0)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of:</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defini</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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*Jodi Chappell*

Signature Jodi Chappell

Printed Name and Title JODI CHAPPELL, DIRECTOR OF HEALTH C

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Registrant Name American Academy of Audiology Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 MMM (one per page)

16. Specific lobbying issues

Reimbursement for Audiology Services

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

U.S. House of Representatives  
U.S. Senate  
Department of Health and Human Services  
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Jodi Chappell	
Marshall Matz, Esq.	
Robert Hahn, Esq.	

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

Signature Ami Chappell Date 2/12/02

Printed Name and Title JODI CHAPPELL, DIRECTOR OF HEALTH C/  
POLICY

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Registrant Name American Academy of Audiology 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 Bu (city and state or co
Ollson, Frank, and Weeda, P.C.	1400 Sixteenth Street, N.W. Suite 400	Washington, DC 20036

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 affiliated organization

Signature Jodi Chappell Date 2/12/03  
Printed Name and Title JODI CHAPPELL, DIRECTOR OF HEALTH CM

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