

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE

03 FEB 14 AM 10:

LOBBYING REPORT

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

1. Registrant Name James P. Keese			
2. Address <input type="checkbox"/> Check if different than previously reported 400 North Capitol Street, NW, Suite 585			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name James P. Keese	Telephone (202) 669-4061	E-mail (optional) jpkeese@aol.com	5. Senate ID # 741
7. Client Name <input type="checkbox"/> Self American Association of Preferred Provider Organizations			6. House ID # 361

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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"/> ⇒ \$ <u>20,000.00</u> 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

James P. Keese

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name James P. Keese Client Name American Association of Preferred Provider Organ

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

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

16. Specific lobbying issues

Legislative and regulatory changes in Medicare in support of Demonstrating a Non-Risk Medicare PPO.

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

Check if None

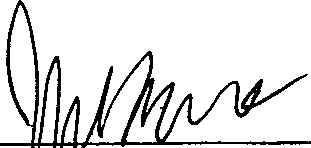
House of Representatives
United States Senate
The White House
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 02/13/03

Printed Name and Title James P. Keese, Principal

Registrant Name James P. Keese Client Name American Association of Preferred Provider

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

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

16. Specific lobbying issues

H.R. 5311, the Prescription Drug Affordability Act

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

House of Representatives

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

Name	Covered Official Position (if applicable)
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 02/13/03

Printed Name and Title James P. Keese, Principal

