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LOBBYING REPORT

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

1. Registrant name Navigant Consulting, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported			
1801 K Street, NW		Suite 500	
Washington	DC	20006-1301	USA
3. Principal place of business (if different than line 2)			
City		State/Zip or Country	
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. Mary S. Lyman	202-973-4515	lyman@navigantconsulting.com	8828-280
7. Client Name <input type="checkbox"/> Self			6. House ID #
National Healthy Start Assn			30864028

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 11/01/2005 11. No Lobbying Activities

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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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[Edit Form >](#)

Signature Mary S. Lyman Date 2/14/06

Printed Name and Title Mary S. Lyman, Associate Director

0000103177



Registrant Name Navigant Consulting, Inc.

Client Name National Healthy Start Assn

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 BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

H.R. 3010, Depts. of Labor, HHS, and Education and Related Agencies Appropriations Act, 2006: appropriations for Healthy Start program

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

House of Representatives
Senate
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)
William Signer	
Lane Church	

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

0000103178

Signature Mary S. Lyman Date 2/14/09



Registrant Name Navigant Consulting, Inc.

Client Name National Healthy Start Assn

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

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

Janet Denton

Lane Church

ISSUE UPDATE

24. General lobbying issues 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	Owner percent client

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

Signature

Mary S. Lyman

Date

2/14/06

Printed Name and Title

Mary S. Lyman, Associate Director

0000103180

