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LOBBYING REPORT

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

1. Registrant Name <u>National Association of School Psychologists</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4340 East West Highway Suite 402</u>			
3. Principal Place of Business (if different from line 2) City: <u>Bethesda</u> State/Zip (or Country) <u>MD 20814</u>			
4. Contact Name <u>Susan Gorin</u>		Telephone <u>301-657-0270</u>	E-mail (optional) 5. Senate ID #
7. Client Name <input type="checkbox"/> Self		6. House ID # <u>3038</u>	

TYPE OF REPORT 8. Year 2004 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. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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"/> ⇒ \$ _____ 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>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 checked="" type="checkbox"/> ⇒ \$ <u>2000</u> Expenses (nearest \$20,000)</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 definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Printed Name and Title Susan Gorin Executive Director

LD-2 (REV. 6/98)

Registrant Name Neel Assoc of Client Name _____

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

IDEA
Ed Funding
ESEA
Juvenile Justice + Delinquency Prevention
Higher Ed Act
Managed Care Reform / HIPAA

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

Check if None

Dept. of Education
Dept. of Health + Human Services
U.S. House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
<u>Libby Nealis</u>	

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

Check if None

Signature [Signature] Date 7/28/04

Printed Name and Title Dusan Goron Executive Director

Form LD-2 (Rev. 6/98)

Pag