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| 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 24 AM 9:40

LOBBYING REPORT

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

1. Registrant Name Sally Albright

2. Address Check if different than previously reported
507 G Street SW, Washington DC 20024

3. Principal Place of Business (if different from line 2)
City: Rehoboth State/Zip (or Country) DE 19971

| | | | |
|--|----------------------------------|--|----------------|
| 4. Contact Name <u>Sally Albright</u> | Telephone <u>202-421-4555</u> | E-mail (optional) <u>Sally@Sallyalbrigh.com</u> | 5. Senate ID # |
| 7. Client Name <input type="checkbox"/> Self <u>Health Insurance Safety Net Coalition</u> | 6. House ID # | | |

TYPE OF REPORT 8. Year _____ 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 80,000
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____ Expenses (nearest \$)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____

Printed Name and Title _____

Registrant Name Sally Albright Client Name Health Insurance Safety

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

16. Specific lobbying issues

high risk pool legislation

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

Check if None

House + Senate

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

| Name | Covered Official Position (if applicable) |
|-----------------------|---|
| <u>Sally Albright</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Sally Albright

Date 11/1/03

Printed Name and Title Sally Albright

Form LD-2 (Rev.6/98)

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