

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

04 FEB 17 PM 1:08

LOBBYING REPORT

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

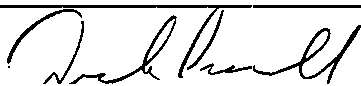
1. Registrant Name American Assn. of Nurse Anesthetists			
2. Address <input type="checkbox"/> Check if different than previously reported 412 First St., SE, #12, Washington DC 20003			
3. Principal Place of Business (if different from line 2) Park Ridge Illinois 60068 City: State/zip (or Country)			
4. Contact Name Frank Purcell	Telephone (202) 484-8400	E-mail (optional) fpurcell@aanadc.com	5. Senate ID # 1650-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3171500

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decer
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	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: right; font-size: small;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>447,000.00</u> <div style="text-align: right; font-size: small;">Expenses (nearest \$20,000)</div>
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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti <ul style="list-style-type: none"> <input type="checkbox"/> Method A. Reporting amounts using LDA definitior <input type="checkbox"/> Method B. Reporting amounts under section 6033(t Internal Revenue Code <input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code



Signature _____ Date _____

Printed Name and Title Frank Purcell, Director of Federal Government Affairs

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name American Assn. of Nurse Anesthetists 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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 1588/ S 1047 / S 1050, FY04 Defense Authorization; HR 2658/ S 1382, FY 04 Defense Appropriations
HR 2660/ S 1356, FY 04 Labor-HHS-Education Appropriations; HR 2861 / S 1584 FY04 VA HUD Appropriations;
HR 1559/ S 719/ HR 1463, regarding small pox vaccination; HR 5/ S 11, Medical Malpractice liability reform;
HR 663 / S 720, Patient Safety and Quality Improvement Act; HR 934, Teacher and Nurse Support Act;
68 FR 16247, 4/3/03, regarding TRICARE & anesthesiologist assistants (AAs);
HR 246, FY 2003 Labor-HHS-Education Appropriations; HR 2673 FY 04 Omnibus Appropriations Bill

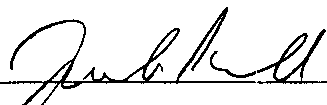
17. House(s) of Congress and Federal agencies contacted Check if None

House ; Senate; Health and Human Services (HHS); Dept. Veterans Affairs (DVA); Dept. of Defense (DOD); Federal Trade Commission (FTC)

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

Name	Covered Official Position (if applicable)
Frank Purcell	
Kristen Pugh	

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

Signature  Date 2-17-2007

Printed Name and Title

Frank Purcell, Director of Federal Government Affairs

Form LD-2 (Rev. 4/03)

Page 2

Registrant Name American Assn. of Nurse Anesthetists 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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR Res 3, regarding SGR for 2003; HJ Res 2, regarding SGR for 2003; HR 1/ S 1 / HR 2473, Medicare Prescription Drugs and Modernization; 68 FR 9567, 2/28/03, regarding SGR for 2003

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

House; Senate; Health and Human Services (HHS)

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

Name	Covered Official Position (if applicable)
Frank Purcell	
Kristen Pugh	

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

Signature  Date 2-17-2007

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Frank Purcell, Director Federal Government Affairs

Form LD-2 (Rec. 4/03)

Page 3

Registrant Name American Assn. of Nurse Anesthetists 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

David Hebert

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 Bus (city and state or cour

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	C P C

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

Signature



Date

2.17.2004

