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LOBBYING REPORT

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

1. Registrant Name National Head Start Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1651 Prince Street			
3. Principal Place of Business (if different from line 2) Alexandria VA City: State/cap (or Country)			
4. Contact Name Joel Ryan	Telephone (703) 739-7567	E-mail (optional) jryan@nhsa.org	5. Senate ID # 47768-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34436000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 type="checkbox"/> ⇨ \$ <u>40,000.00</u> Expenses (nearest \$20,000)</p>
<p>14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>	

Signature Joel Ryan Date **February 11, 2004**

Printed Name and Title Joel Ryan, Director of Government Affairs

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Registrant Name National Head Start Association Client Name _____

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

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

16. Specific lobbying issues

Head Start Act

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

U.S. House of Representatives
U.S. Senate
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)
Joel Ryan	
Brocklin Qualls	
Kahree Wahid	
Sarah M. Greene	

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

Signature Joel Ryan Date Feb 11, 2
Printed Name and Title Joel Ryan, Director of Government Affairs

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Registrant Name National Head Start Association 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 _____

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 Bu (city and state or co

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

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

Signature *[Handwritten Signature]* Date Feb 11, 2004

Printed Name and Title _____

** TOTAL