

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

03 JUN -5 PM

**LOBBYING REPORT**

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

1. Registrant Name Linda Jenckes & Associates			
2. Address <input type="checkbox"/> Check if different than previously reported 210 7th St. SE Suite 200			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20003			
4. Contact Name Lee Terrett	Telephone (202) 547-6808	E-mail (optional) lterrett@kesslerassoc.com	5. Senate ID # 20551-7
7. Client Name <input type="checkbox"/> Self Henry H. Kessler Medical Rehabilitation & Research			6. House ID #

**TYPE OF REPORT** 8. Year 2002 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 Act **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<b>12. Lobbying Firms</b>
<b>INCOME</b> relating to lobbying activities for this reporting period was:
Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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).

<b>13. Organizations</b>
<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
<b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opti
<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)( Internal Revenue Code
<input type="checkbox"/> Method C. Reporting amounts under section 162(e) o Internal Revenue Code

Signature *Linda Jenckes*

Printed Name and Title ✓

Linda Jenckes, President

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PAGE

Registrant Name Linda Jenckes & Associates Client Name Henry H. Kessler Medical Rehabilitation &

**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 MED (one per page)

16. Specific lobbying issues

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

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

Name	Covered Official Position (if applicable)
<u>Linda Jenckes</u>	

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

Signature Linda Jenckes Date 5/30/03

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Printed Name and Title Linda Jenckes, President

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Registrant Name Linda Jenckes & Associates Client Name Henry H. Kessler Medical Rehabilitation & R

**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 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	Own perc client

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

*Linda Jenckes*

Signature *Linda Jenckes* Date \_\_\_\_\_

Printed Name and Title Linda Jenckes, President

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