

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

SECRETARY OF THE SENATE

07 OCT 10 PM 3:21  
**LOBBYING REPORT**

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

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual				
NATIONAL ASSOCIATION OF SOCIAL WORKERS				
<b>2. Address</b> <input type="checkbox"/> Check if different than previously reported				
Address1		750 FIRST STREET, SE, #700		Address2
City	WASHINGTON	State	DC	Zip Code 20002 - Cot
<b>3. Principal place of business (if different than line 2)</b>				
City		State		Zip Code - Cot
<b>4a. Contact Name</b>		<b>b. Telephone Number</b>	<b>c. E-mail</b>	<b>5. Sen</b>
Mrs. CAROLYN L. POLOWY		(202) 336-8217	cpolowy@naswdc.org	271
<b>7. Client Name</b> <input checked="" type="checkbox"/> Self				<b>6. Ho</b>
NATIONAL ASSOCIATION OF SOCIAL WORKERS				303

**TYPE OF REPORT**

8. Year 2007

Midyear (January 1-June 30) ☒

Year End (July 1-De

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</b>	<b>13. Organizations</b>
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSE</b> relating to lobbying activities for this were:
Less than \$10,000	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more \$	\$10,000 or more <input checked="" type="checkbox"/> \$ 152,801.16
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>14. REPORTING</b> Check box to indicate accounting method. See instructions for descriptive
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6031 Internal Revenue Code
	<input checked="" type="checkbox"/> <b>Method C.</b> Reporting amounts under section 1621 Internal Revenue Code

Signature ☒

Date 07/

2000093141



**Printed Name and Title** Carolyn J. Polowy

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v5.0.0j

Registrant NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name NATIONAL ASSOCIATION OF SOCIAL WORKER

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

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

16. Specific lobbying issues

CSWMGA - HR 1212, HR 1663, Medicare Chronic Care Coord. S1340, S895, HR1535, Clinical Social Work Medicar  
1212

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
James	Finley		
Asua	Ofofu		

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

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Printed Name and Title Carolyn L. Rowley

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Registrant NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name NATIONAL ASSOCIATION OF SOCIAL WORKERS

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

15. General issue area code BUD || Budget/Appropriations (one per page)

16. Specific lobbying issues

Labor, Health and Human Services and Education Appropriations, Labor/HHS Appropriations

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
James	Finley		
Asua	Ofofu		

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

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Printed Name and Title Carolyn I. Polowy



Registrant

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name

NATIONAL ASSOCIATION OF SOCIAL WORKERS

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

15. General issue area code  Labor Issues/Antitrust/Workplace (one per page)

16. Specific lobbying issues

Fair Min Wage Act, Paycheck Fairness Act

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
Moore	Lawrence		

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

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Printed Name and Title Carolyn J. Polowy

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Registrant

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name

NATIONAL ASSOCIATION OF SOCIAL WORKERS

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

15. General issue area code ☐ CIV ☒ Civil Rights/Civil Liberties ☐ (one per page)

16. Specific lobbying issues

Imm. Reform, Employment Non-Discrimination Act, Hate Crimes

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
Moore	Lawrence		

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

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Registrant NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name NATIONAL ASSOCIATION OF SOCIAL WORKERS

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

15. General issue area code MED Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues

Stem Cell Research Enhancement Act of 2007, HR 3 and S. 5

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
Asua	Oforu		

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

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

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

16. Specific lobbying issues

MH Parity S. 558/HR 1425, H.R. 493 and S. 358, Wakefield Act, H.R. 2464 and S. 60, Conquer Childhood Cancer Act of 2007 and S. 911, H.R. 1542 and S. 910, HR 2165, Comprehensive Cancer Care Improvement Act of 2007

17. House(s) of Congress and Federal agencies ☐ 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)
First	Last	Suffix	
James	Finley		
Lawrence	Moore		
Asua	Ofosu		

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

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**ADDENDUM for General Lobbying Issue Area: HCR - Health Issues**

Genomics and Personalized Medicine Act, S. 976, Minority Health Improvement and Health Disparity Elimination Act  
1576, National Center for Social Work Research Act, S. 106, Strengthen Social Work Training Act S. 64

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Registrant NATIONAL ASSOCIATION OF SOCIAL WORKERS

Client Name NATIONAL ASSOCIATION OF SOCIAL WORKERS

**Information Update Page - Complete ONLY where registration information has changed.****20. Client new address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ C

**21. Client new principal place of business (if different than line 20)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ C

**22. New General description of client's business or activities****LOBBYIST UPDATE****23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client**

First Name

Last Name

Suffix

1 Nancy

McFall Jean

3

2

4

**ISSUE UPDATE****24. General lobbying issue that no longer pertain****AFFILIATED ORGANIZATIONS****25. Add the following affiliated organization(s)**

Name	Address				Principal Place of b (city and state or c
	Street Address	City	State/Province	Zip Country	
					City
					State Coun
					City
					State Coun

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1

2

3

**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
	Street Address	City	State/Province Country		
				City	
				State Country	

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

1

3

5

2

4

6

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**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ C

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ C

22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client

	First Name	Last Name	Suffix	3
1				
2				4

**ISSUE UPDATE**

24. General lobbying issue that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address				Principal Place of (city and state or Country)
	Street Address City	State/Province	Zip	Country	
					City
					State
					City
					State

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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**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
	Street Address City	State/Province	Country		
				City	
				State	
				Country	

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

1	3	5
2	4	6

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