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02 FEB 14 1

# LOBBYING REPORT

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

1. Registrant Name National Rural Health Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1320 19th Street, NW Suite 350, Washington, DC 20036			
3. Principal Place of Business (if different from line 2) City: Kansas City State/Zip (or Country) Missouri 64111			
4. Contact Name Alan Morgan		Telephone 202-232-6200	E-mail (optional) morgan@nrharural.org
5. Senate ID #			
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

**TYPE OF REPORT** 8. Year 2001 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 Activities

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>\$60,000</u> Expenses (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>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

2/13/02

Printed Name and Title Alan Morgan, Vice President, Government Affairs

10/10/2009



Registrant Name National Rural Health Assn Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

S. 212/ H.R. 1662  
H.R. 2157/ S. 1662  
S. 587  
H.R. 885/H.R. 1401/ H.R. 1836


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

U.S. House of Representatives  
U.S. Senate  
Executive Office of the President  
U.S. 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)
Alan Morgan	
Beth Power	
Eli Briggs	

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

Signature  Date 2/12/02

Printed Name and Title ALAN MORGAN, YE. OF GOVL. ATTORNS

Form LD-2 (Rev.6/98)

P2



Registrant Name National Rural Health Assn. 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 of information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

- H.R. 1609/ S. 885
- S. 659/ H.R. 1375
- H.R. 1901
- S. 824
- S. 452/ H.R. 868
- S. 859

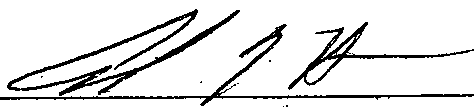
17. House(s) of Congress and Federal agencies contacted  Check if None

- U.S. House of Representatives
- U.S. Senate
- Executive Office of the President
- U.S. Dept. 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)
Alan Morgan	
Beth Power	
Eli Briggs	

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

Signature  Date 3/13/02

Printed Name and Title

ALAN MORGAN, JR. OF COVER LETTER

Form LD-2 (Rev. 6/98)

Pa



Registrant Name National Rural Health Assn Client Name \_\_\_\_\_

**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 and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

FY 2002 Labor-HHS-Education Approp. Bills --Health Related

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

Check if None

House of Representatives  
 U.S. Senate  
 Executive Office of the President

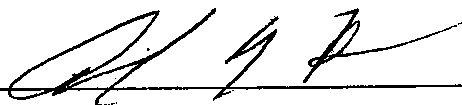
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Beth Power	
Eli Briggs	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature



Date

2/13/0

Printed Name and Title Alan Morgan, VP of Government Affairs

Form I.D.-2 (Rev. 6/98)

P:

