

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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## LOBBYING REPORT

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

1. Registrant Name <b>R.G. Flippo and Associates, Inc.</b>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <b>101 Constitution Avenue NW Suite 665 East, Washington, DC 20007</b>			
3. Principal Place of Business (if different from line 2)  City: _____ State/zip (or Country) _____			
4. Contact Name <b>Vicki Wallace</b>	Telephone <b>(202) 638-8600</b>	E-mail (optional) <b>rgflippo@erols.com</b>	5. Senate ID # <b>14861-24</b>
7. Client Name <input type="checkbox"/> Self <b>Alabama Nursing Home Association</b>			6. House ID # <b>32095000</b>

**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	
<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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 checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> 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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>

✓

Signature Ronnie G. Flippo Date 8/4/03

Printed Name and Title Ronnie G. Flippo, President

LD-2 (REV. 4/03)

PAGE 1 of



Signature

Printed Name and Title Ronnie G. Flippo, President

Form LD-2 (Rec. 4/03)

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