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

RECEIVED. SECRETARY OF THE SENATE

LOBBYING REPORT

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

1. Registrant name				
Organization Health Volicy Strat	tesies			
2. Address Check if different than previously reported				
Address 1728 Battery Place				
Address 728 Battery Place City Alexandria, Va	Zip Cod 2 7 3 1	e [Country US	
3. Principal place of business (if different than line 2)	.,			
City State	Zip Cod	le	Country	
4a. Contact Name b. Telephone number	ip or Country c. E-mail	.,,	5. Senate ID ≠	
Prefix Full Name ANN LANGLEY 703-548-912 7. Client Name Self	no Alloh	ast com	4568612	
7. Client Name Self Notional Association of Child			4	
National Association of Child	ich's Hoof	>i-teals	3429500	
	y 1-June30)		r End (July 1-December	
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 Lobbyin				
INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12. Lobbying Firms		13. Organ	izations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:			
Less than \$10,000 🔲	Eless than \$10,000 🚍			
\$10,000 or more 🛛 🖒 \$ <u> </u>	\$10,000 or more	□ ⇒ \$		
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).	14. REPORTING METHOD. Check box to indicate expanding method. See instructions for description of opt			
	Method A. Reporting amounts using LDA definitions			
	Method B. Reporting amounts under section 6033(b) Internal Revenue Code			
	Method C.	Reporting amous Revenue Code	nts under section 162(e) of	
			Form C	
	\circ			
Printed Name and Title ANN LANGLE	/ TRESIL	£NŢ		

LD-2DS (Rev. 4 03)

Registrant Name	ealth Policy	भाव्यख्यं ए	S Client Name National Association of
LOBBYINGACT	IVITY. Select as a gon behalf of the cl	many codes as n	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each coo
15. General issue are	ea code <u>Bu</u>	(D	(one per page)
16. Specific lobbyin	ig issues		Add page to continue specific issues description for this issue
Chile	dien's Hospi	ita ewe	appropriations
17. House(s) of Con	gress and Federal	agencies contac	ted Check if None
House Senat	- -		
18. Name of each in		d as a lobby ist in	I
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Ann La	ngley		resident
	··//··	······	
19. Interest of each	foreign entity in th	e specific issue:	s listed on line 16 above Check if None

Add a page for a differ

Printed Name and Title ANN Langley

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