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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>CAMPBELL - CRANE &amp; ASSOCIATES</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1010 PENNSYLVANIA AVE, SE</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC 20003</b>			
4. Contact Name <b>JEANNE M. CAMPBELL</b>	Telephone <b>202-546-4891</b>	E-mail (optional)	5. Senate ID # <b>7953-</b>
7. Client Name <input type="checkbox"/> Self <b>Shriners Hospitals for Children</b>			6. House ID # <b>30025</b>

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME 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 type="checkbox"/> ⇨ <u>\$50,000</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6031 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature Jeanne M. Campbell

Printed Name and Title Jeanne M. Campbell President + C

D-2 (REV. 6/98)

P/

Name CAMPBELL-CRANE

Client Name Shriners Hospitals

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 co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

S. 476, CARE Act - FRA Rollovers

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

Check if None

U.S. House of Representatives

U.S. Senate

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

Name	Covered Official Position (if applicable)
<u>Jeanne M. Campbell</u>	
<u>Daniel M. Crane</u>	

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

Check if None

Signature Jeanne M. Campbell

Date 2/14/04

Printed Name and Title Jeanne M. Campbell, President & CEO



Name CAMPBELL-CRANE

00000730628

Client Name Shriners Hospital

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

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

16. Specific lobbying issues

Ch. Andrew's Sleepwear - SAFETY ST.

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

Check if None

U.S. House of Representatives

U.S. Senate

CPSC

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

Name	Covered Official Position (if applicable)
<u>Jeanne M. Campbell</u>	
<u>Daniel M. Crane</u>	

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

Check if None

Signature Jeanne M. Campbell

Date 2/14/04

Printed Name and Title Jeanne M. Campbell, President / CEO

