

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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SECRETARY (C)
05 FEB 24

LOBBYING REPORT

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

1. Registrant name			
Organization	American Association of Occupational Health Nurses, (AAOHN)		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	2920 Brandywine Road, STE 100		
City	Atlanta	State	GA
		Zip Code	30341
		Country	USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Ms. Ann R. Cox	770-455-7757	ann@aaohn.org
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
American Association of Occupational Health Nurses			297614
			6. House ID #

TYPE OF REPORT 8. Year 2005 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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"/> ⇨ \$ _____</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">13. Organizations</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Con

Printed Name and Title Ann R. Cox, Executive Director

1000132857



Registrant Name AAOHN Client Name _____

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

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

16. Specific lobbying issues Add page to continue specific issues description for this issue >

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

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issue area >

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)

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

Add a page for a different issue area >

Printed Name and Title Ann R. Cox Executive Director

0000132858



Registrant Name AAOHN Client Name _____

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

20. Client new address

Address				
City	State	Zip Code	Country	

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

City	State	Zip Code	Country	
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22. New general description of client's business or activities

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LOBBYIST UPDATE

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

First Name	Last Name	Suffix	First Name	Last Name	Suffi
1			3		
2			4		

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Address	City	Country
C/S/Z	State	
Address	City	Country
C/S/Z	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	Own percentage
Street Address	City	City	Country	Country
City	State/Province	State		

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

1	3	5
2	4	6

Add a page for more up

Printed Name and Title Ann R. Cox Executive Director

0000132859

