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SECRETARY OF THE SENATE

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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>Morrison Public Affairs Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>6004 Onondaga Road</b>			
3. Principal Place of Business (if different from line 2) <b>Bethesda</b> <b>MD, 20816</b> City: State/zip (or Country)			
4. Contact Name <b>Bruce A. Morrison</b>	Telephone <b>(301) 263-1142</b>	E-mail (optional) <b>b.a.m@att.net</b>	5. Senate ID # <b>67193-152</b>
7. Client Name <input type="checkbox"/> Self <b>AMN Healthcare, Inc.</b>			6. House ID # <b>35656006</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30) ☒ **OR** Year 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 Lobbying

<b>INCOME OR EXPENSES</b> Complete Either Line 12 <b>OR</b> Line 13	
<b>12. Lobbying Firms</b>  <b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input checked="" type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (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>13. Organizations</b>  <b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature Bruce A. Morrison Date 08/04/03

Printed Name and Title Bruce A. Morrison, Chairman

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Registrant Name Morrison Public Affairs Group Client Name AMN Healthcare, Inc.

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

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

16. Specific lobbying issues

Department of Homeland Security regulations.

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

1. Office of Management and Budget.
2. Office of the U.S. Trade Representative.

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

Name	Covered Official Position (if applicable)
Bruce A. Morrison	Chairman, Federal Housing Finance Board

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

Signature  Date 08/04/03

Printed Name and Title Bruce A. Morrison, Chairman

Form LD-2 (Rev. 4/03)

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