

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 OF THE  
04 SEP 22 PM 2:

# LOBBYING REPORT

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

1. Registrant Name <u>Sally Albright, Albright Strategies, LLC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>507 G Street SW</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington DC</u> State/Zip (or Country) <u>20024</u>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
	<u>(202) 421-4555</u>	<u>Sally@SallyAlbright.org</u>	
7. Client Name <input type="checkbox"/> Self	6. House ID #		
<u>Health Insurance Safety Net Coalition</u>	<u>3513800</u>		

TYPE OF REPORT 8. Year 04 Midyear (January 1-June 30)  OR Year End (July 1-Decen

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 A

## 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 checked="" type="checkbox"/> ⇨ \$ <u>80,000</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 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 ex accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition:</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature:

Printed Name and Title

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Registrant Name Sally Albright Client Name Health Insurance Safety

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

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

16. Specific lobbying issues

high risk pool legislation

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

Check if None

House + Senate

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

Name	Covered Official Position (if applicable)
<u>Sally Albright</u>	

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

Check if None

Signature Sally Albright Date 8/08/04

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev.6/98)

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