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# LOBBYING REPORT

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

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

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Decem

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 align="center"><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>40,000</u><br/>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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate ex accounting method. See instructions for description of</p> <p><input checked="" 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> |

Signature \_\_\_\_\_

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

LD-2 (REV. 6/98)

PAG

Registrant Name Sally Albright Client Name Health Insurance Select

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide 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 funding

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 [Handwritten Signature]

Table 15 20

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Sally Albright

Form LD-2 (Rev. 6/98)

Page \_\_\_\_\_