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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 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 <i>National Council on Independent Living</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1916 Wilson Blvd., Suite 209</i>			
3. Principal Place of Business (if different from line 2) City: <i>Arlington</i> State/Zip (or Country) <i>VA 22201</i>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID # <i>61471-1</i>
7. Client Name <input type="checkbox"/> Self			6. House ID # <i>354020</i>

**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 Activity

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> ⇔ \$ _____                  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><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" 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 expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions of lobbying</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Signature *AMH* 02/10/04

Printed Name and Title Anne-Marie Hughey, Exec. Director

LD-2 (REV. 6/98)

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REGISTRATION

Registrant Name Natl. Council on Independent Living 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

*Funding for Title VII, Part C, of the Rehabilitation Act of 1973 as Reauthorization of the Workforce Investment Act/Rehabilitate Funding for Section 8 housing and vouchers  
Funding for waiver of sunset provision of the Tech Act (and its reauthorization)*

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

Check if None

*Senate  
House of Representatives  
US Dept. of Education  
US HUD - Housing and Urban Development  
US Dept. of Education*

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

Name	Covered Official Position (if applicable)
<i>Anne-Marie Hughey</i>	
<i>Gwen Gillenwater</i>	

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

Check if None

Signature  Date Feb. 11, 2004

Printed Name and Title Anne-Marie Hughes, Exec. Director

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Registrant Name NAT'L Council for IL 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

*Reauthorization of the Workforce Investment Act/Rehabil  
Protection of the Americans with Disabilities Act of 1990  
Judicial nominations and maintaining judicial integrity*

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

Check if None


*Senate  
House of Representative  
US Dept. of Education*

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

Name	Covered Official Position (if applicable)
<i>Anne-Marie Hughes</i>	
<i>Gwen Gillenwater</i>	

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

Check if None

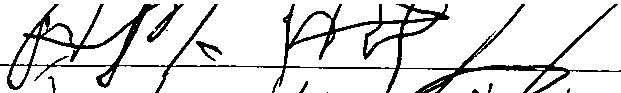
Signature  Date Feb. 11, 2004

Printed Name and Title Anne-Marie Hughes, Exec. Director

Form 1.0 (2/03)

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Signature  Date Feb. 11, 2004  
Printed Name and Title Anne-Marie Hagghey, Exec. Director  
1 3 9



Signature *[Handwritten Signature]* Date Feb. 11, 2004  
Printed Name and Title Anne-Marie Hughes, Exec. Director

00000580763

Registrant Name Nat'l. Council on FL 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare prescription drug ~~to~~ legislation  
Seeking support for 5971/HR2032 (Medicaid, Community  
based Attendance Services and Supports Act  
and S Money Follows the Person

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

Check if None

Senate  
House of Representatives  
U.S. Dept. on Health and Human Services

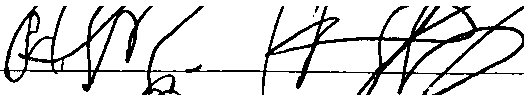
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Anne-Marie Hughey	
Gwen Gillenwater	

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

Check if None

*[Handwritten signature]*

Signature  Date Feb. 11, 2004  
Printed Name and Title ~~Anna~~ Anne-Marie Hughey, Exec. Director  
1 of 7

Registrant Name Nat'l Council on IL Client Name \_\_\_\_\_

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

20. Client new address

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

City

State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

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

Courtland Townes III

**ISSUE UPDATE**

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)


26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**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	Owner percent client

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

Signature  Date Feb. 10, 2004

Printed Name and Title Anne-Marie Hughes, Exec. Director

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