

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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SECRET
04 OCT 1**LOBBYING REPORT**

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

1. Registrant Name William R. Joseph			
2. Address <input type="checkbox"/> Check if different than previously reported 2500 Terminal Tower, 50 Public Square Cleveland, Ohio 44113-2241			
3. Principal Place of Business (if different from line 2) City: Cleveland State/Zip (or Country) Ohio			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
William R. Joseph	216-687-3328	WJoseph@westonhurd.com	73737-51
7. Client Name <input type="checkbox"/> Self			6. House ID #
Visiting Nurse Association			35948004

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec
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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this re: period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,
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).	14. REPORTING METHOD. Check box to indica: accounting method. See instructions for descripti on c
	<input type="checkbox"/> Method A. Reporting amounts using LDA defin
	<input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature _____

Printed Name and Title

Registrant Name _____ Client Name _____

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 HRC (one per page)

16. Specific lobbying issues

Accessing funds for operations - FY 2005 operating budget

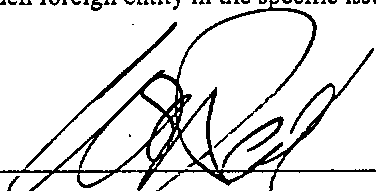
17. House(s) of Congress and Federal agencies contacted Check if None

Senate and House of Representatives

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

Name	Covered Official Position (if applicable)
William R. Joseph	

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

Signature  Date 12/17/04

Printed Name and Title William R. Joseph

Registrant Name _____ 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

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 Bu (city and state or co

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

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

Signature _____ Date _____

