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SECRETARY OF THE
PUBLIC RECORDS

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LOBBYING REPORT

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

1. Registrant Name Deborah Trueblood Witt and Nancy S. Nelson			
2. Address <input type="checkbox"/> Check if different than previously reported 1926 Waukegan Rd., Suite 1, Glenview, IL 60025			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Deborah Trueblood Witt	Telephone (847) 657-6960	E-mail (optional) debbiew@tcag.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Illinois HomeCare Council			6. House ID #

TYPE OF REPORT 8. Year 2004 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 **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 reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (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 indicate expense accounting method. See instructions for description of options.
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition:
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____

Date **August 6, 2004**

Printed Name and Title Deborah Trueblood Witt, Government Relations Manager

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Registrant Name Deborah Trueblood Witt and Nancy S. Nelson Client Name Illinois HomeCare Council

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and attach additional information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare home health rates

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

Members of Illinois Delegation, CMS

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

Name	Covered Official Position (if applicable)
Deborah Trueblood Witt	
Nancy Nelson	

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

Signature  Date 8/6/2004

Printed Name and Title _____

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Registrant Name Deborah Trueblood Witt and Nancy S. Nelson Client Name Illinois HomeCare Council

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 Bus (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

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

Signature Deborah Trueblood Witt Date 8/6/04

Printed Name and Title Deborah Hubbard Pitt, Government Relations Manager

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