

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
---	--

SECRETARY OF THE SENATE
 04 MAR 18 2004

LOBBYING REPORT

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

1. Registrant Name National Coalition for History			
2. Address <input type="checkbox"/> Check if different than previously reported 400 A Street S.E.			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) D.C. 20003			
4. Contact Name Dr. Bruce Craig	Telephone 202.544-2422	E-mail (optional) Ext 116	5. Senate 275
7. Client Name <input type="checkbox"/> Self			6. House D 303

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

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 Lobl

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
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).

13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nea

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive

Method A. Reporting amounts using LDA de

Method B. Reporting amounts under section Internal Revenue Code

Method C. Reporting amounts under section Internal Revenue Code

Signature **Bruce Craig**

2/11/04

Printed Name and Title Dr. Bruce Craig, Director / /

LD-2 (REV. 6/98)

Registrant Name National Coalition for History Client Name _____

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

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

16. Specific lobbying issues

S. 452 - Colo War Theme Study (NPS)
S. 1576 - Harpers Ferry Boundary Expansion (NPS)

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

National Park Service
U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
<u>Dr. Bruce Craig</u>	

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

Signature Bruce Craig Date 2/11/04

Printed Name and Title Dr. Bruce Craig, Director

Form LD-2 (Rev.6/98)

Registrant Name Natl Coalition for History Client Name _____

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

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

16. Specific lobbying issues

HR 13/S. 238 - Museum and Library Services Act

HR 4187/S. 1517 - Presidential Records Act Amendments

HR 1078/S. 504 - American History & Civics & Education Act

HR 7/S. 476 - Charitable Giving Act

HR 3478 - NARA Efficiency Act

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

US House of Representatives

US Senate

National Archives & Records Administration

Dept of State

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

Name	Covered Official Position (if applicable)
Dr. Bruce Craig	

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

Signature Bruce Craig Date 2/11/04

Printed Name and Title Dr Bruce Craig, Director

Form LD-2 (Rev.6/98)

Registrant Name Natl Coalition for History Client Name _____

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

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

16. Specific lobbying issues

- HR 2691 / S. 1391 - Interior Appropriations
- HR 2555 - Homeland Security Appropriations
- HR 2660 / S. 1356 - Labor, HHS, Education Dept. Appropriations
- HR 2801 / S. 1581 - Treasury Appropriations Act
- HR 2673 - Consolidated Appropriations Bill (H Rept 108-401)

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

National Endowment for the Humanities,
 National Archives & Records Administration
 U.S. Department of Education
 U.S. House of Representatives
 U.S. Senate

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

Name	Covered Official Position (if applicable)
Dr. Bruce Craig	

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

Signature Bruce Craig Date 2/11/04

Printed Name and Title Dr. Bruce Craig, Director

Form LD-2 (Rev. 6/98)

Registrant Name Natural Coalition for Hyster 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 B (city and state or c

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 or affiliated organization

[Handwritten Signature]

[Handwritten Signature]

Signature Bruce Craig Date 2/11/07

Printed Name and Title Dr. Bruce Craig, Director

Form LD-2 (Rev. 6/98)

Page