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SECRETARY OF
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LOBBYING REPORT

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

1. Registrant Name National Health Council			
2. Address <input type="checkbox"/> Check if different than previously reported 1730 M Street, NW, Suite 500			
3. Principal Place of Business (if different from line 2) Washington DC, 20036 City: State/zip (or Country)			
4. Contact Name Brett Kay	Telephone (202) 973-0551	E-mail (optional) bkay@nhcouncil.org	5. Senate ID # 27968-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30387000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

<p align="center">12. Lobbying Firms</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 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">13. Organizations</p> <p>EXPENSES 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>14. REPORTING METHOD. 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 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>
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Signature _____ Date **December 23, 2003**

Printed Name and Title **Brett Kay, Director of Government Affairs**

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PAGE 1 of .

Registrant Name National Health Council 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 BUD (one per page)

16. Specific lobbying issues

Department of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act of 2003

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

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)
Paul Smedberg	
Myrl Weinberg	

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

Signature _____ Date 12/23/03

Printed Name and Title Brett Kay, Director of Government Affairs

Form LD-2 (Rec. 4/03)

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