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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., Ste. 1			
3. Principal Place of Business (if different from line 2) Glenview City:		IL 60025-1770 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 2003 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	
<p>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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input 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 opti</p> <p><input 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>

Signature Deborah Witt

Signature

Date

Printed Name and Title

Deborah Trueblood Witt, Government Relations Manager

LD-2 (REV. 4/03)

PAGE 1 of 1

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 provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Home health provisions in the prescription drug bill

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

Contacted Illinois representatives and U.S. Senators by email and letter.

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

Name	Covered Official Position (if applicable)
Deborah Trueblood Witt	Government Relations Manager
Nancy S. Nelson	Executive Director

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

Signature *Deborah Trueblood Witt* Date 8/11/2003

Printed Name and Title

Deborah Huebner Witt, Government Relations manager

Form LD-2 (Rec. 4/03)

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