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LOBBYING REPORT

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

1. Registrant Name <u>NATIONAL COUNCIL ON COMPENSATION INQUIRY</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1201 PENNSYLVANIA AVE, NW, SUITE 300 WASH. DC 20004</u>			
3. Principal Place of Business (if different from line 2) <u>901 PENINSULA CORP. C.R.</u> City: <u>ROCK RAVEN</u> State/Zip (or Country) <u>FL 33487</u>			
4. Contact Name <u>MARY JANE CLEARY</u>	Telephone <u>202-661-4724</u>	E-mail (optional) —	5. Senate ID # <u>67455-</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>356690</u>

TYPE OF REPORT 8. Year 2003 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>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 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 accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

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Registrant Name NAT'L COUNCIL ON COMPENSATION INV. Client Name SEMI

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

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

16. Specific lobbying issues

WORKERS' COMPENSATION INSURANCE SYSTEM AND ITS RELATIONSHIP TO THE GENERAL INSURANCE REGULATORY SYSTEM
FEDERAL & STATE W.C. INV. ISSUES
OSHA & STATE W.C. DATA ISSUES

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

LIBRARY OF CONGRESS / CONGRESSIONAL RESEARCH SERVICES INV. STAFF
U.S. DOL - INV. STAFF (OSHA)
G. H. O. - WORKERS STAFF
OFF. OF ADVOCACY - S. R. A.

(cont - next pg.)

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

Name	Covered Official Position (if applicable)
Mary Jane Cleary	N/A

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

Signature _____ Date _____

Printed Name and Title _____

Form ID: (P-103)

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Registrant Name PLATE COUNCIL ON COMMUNICATIONS INC. Client Name SEK

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

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

16. Specific lobbying issues

(See p. 2)

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

CONG. ROBERT WEXLER - STAFFERSON
HOUSE EDUCATION AND WORKFORCE - STAFFERSON
CONG. PATRICK TIBERI - STAFFERSON

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

Name	Covered Official Position (if applicable)
MARY JANE CLEARY	N/A

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

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name Natl Council on Compensation Inv. Client Name SELF

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

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

16. Specific lobbying issues

FEDERAL ENERGY EMPLOYEES OCCUPATIONAL
ILLNESS COMPENSATION PROGRAM

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

DEPT. OF ENERGY

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

Name	Covered Official Position (if applicable)
Amy Jane Cherry	N/A

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

Amy Jane Cherry

2/9/04

Signature / _____ Date 11/11/11
Printed Name and Title Mrs. Jane Cleary - Washington County

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