

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
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SECRETARY OF THE SENATE

03 AUG 19 AM 10:37

**LOBBYING REPORT**

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

1. Registrant Name <b>National Head Start Association</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1651 Prince Street</b>			
3. Principal Place of Business (if different from line 2) <b>Alexandria</b> <b>VA</b> City: State/zip (or Country)			
4. Contact Name <b>Joel Ryan</b>	Telephone <b>(703) 739-7567</b>	E-mail (optional) <b>jryan@nhsa.org</b>	5. Senate ID # <b>47768-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>34436000</b>

**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**

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 type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ <u>40,000.00</u> 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 reporting method. See instructions for description of reporting method.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitive accounting method.
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature \_\_\_\_\_

*Joel Ryan*Date **August 15, 2003**

Printed Name and Title

Joel Ryan, Director of Government Affairs

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LD-2 (REV. 4/03)

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Registrant Name National Head Start Association 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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Head Start Act

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

U.S. House of Representatives  
U.S. Senate  
White House  
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Joel Ryan	
Brocklin Qualls	
Kahree Wahid	
Sarah M. Greene	

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

Signature *Joel Ryan* Date 8/15/03

Printed Name and Title Joel Ryan, Director of Government Affairs



Registrant Name National Head Start Association 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 Bus (city and state or cour

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	C F c

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

Signature  Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

