

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

06 APR 27 PM 2:35

LOBBYING REPORT

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

1. Registrant name	
Organization	National Rural Health Association
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	1600 Prince Street, Suite 100
City	Alexandria
State	VA
Zip Code	22302
Country	USA
3. Principal place of business (if different than line 2)	
City	Kansas City
State	MO
Zip Code	64111
Country	USA
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Alan Morgan	703-845-0974 morgan@nrharural.org
5. Senate ID #	
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
National Rural Health Association	3493100

TYPE OF REPORT 8. Year 2005 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 Activity

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"/> ⇨ \$ _____	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>34,000</u>
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 expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Form Comp

Printed Name and Title Alan Morgan, CEO

0000143451



Registrant Name National Rural Health Association

Client Name National Rural Health Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 HCR - Health Issues (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

S. 898
S. 241
HR 1812

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

US HOUSE OF REPRESENTATIVES
US SENATE
EXECUTIVE OFFICE OF THE PRESIDENT
US DEPARTMENT OF HEALTH AND HUMAN SERVICES

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
ALAN	MORGAN		
SYLVIA	WHITLOCK		

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

Add a page for a different issue

1000143452

Registrant Name National Rural Health Association

Client Name National Rural Health Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

S. 1108 S. 339 S. 300 S. 236 HR 2525 HR 985
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17. House(s) of Congress and Federal agencies contacted Check if None

US HOUSE OF REPRESENTATIVES US SENATE EXECUTIVE OFFICE OF THE PRESIDENT US DEPARTMENT OF HEALTH AND HUMAN SERVICES

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
ALAN	MORGAN		
SYLVIA	WHITLOCK		

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

0000143453

Add a page for a different



Registrant Name National Rural Health Association Client Name National Rural Health Association

ADDENDUM for General Lobbying Issue Area MMM

16. Specific lobbying issues (continued from previous page)

HR 880 HR 801 HR 11

0000143454



Registrant Name National Rural Health Association

Client Name National Rural Health Association

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 BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

HR 3010 S. 2810

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

US HOUSE OF REPRESENTATIVES US SENATE EXECUTIVE OFFICE OF THE PRESIDENT US DEPARTMENT OF HEALTH AND HUMAN SERVICES

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
ALAN	MORGAN		
SYLVIA	WHITLOCK		

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

1000143455

Add a page for a differa

Registrant Name National Rural Health Association Client Name National Rural Health Association

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffi

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address Street Address City	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own perce client
	State/Province Country			

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

1

3

5

2

4

6

Add a page for more u

Printed Name and Title Alan Morgan, CEO

0000143456

