

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

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			
Address1 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	c. E-mail
Prefix	Full Name		
Mr.	Alan Morgan	703-845-0974	morgan@nrharural.org
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
National Rural Health Association			6. House ID #
			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



**Client Name** National Rural Health Association

15. General issue area code HCR - Health Issues (one per page)

Add page to continue specific issues description for this issue

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

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

[illegible]

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

**Printed Name and Title** Alan Morgan, CEO

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Registrant Name National Rural Health AssociationClient 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 the 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

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 area*

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

Add page to continue specific issues description for this R





Client Name National Rural Health Association

## 16. Specific lobbying issues

HR 3010  
S. 2810

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

[illegible]

**Print Name and Title** Alan Morgan, CEO

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Printed Name and Title Alan Morgan, CEO

LD-2DS (Rev. 4.06)

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Registrant Name National Rural Health AssociationClient 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

Suffix

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

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6

Add a page for more u

Printed Name and Title Alan Morgan, CEO

