

SECRETARY OF
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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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LOBBYING REPORT

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

1. Registrant Name <u>American Humane Association (AHA)</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>2007 N. 15th Street, Suite 201</u>			
3. Principal Place of Business (if different from line 2) City: <u>Arlington</u> State/Zip (or Country) <u>VA 22201</u>			
4. Contact Name <u>Lauren Silverman</u>	Telephone <u>(703) 294-6690</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 align="center">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 align="center">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</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defined</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 163 Internal Revenue Code</p>
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Signature Argonne Barnard

Printed Name and Title Suzanne Barnard, VP Public Policy

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Registrant Name AHA 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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 3484 (Duppy Protection Act); SI460/HR 2932 (of Antibiotics for medical treatment Act); S209/ (Captive Wildlife Safety Act); SI298/HR 2519 (of Animal Protection Act); HR 1803 (Antifreeze Sa HR 1800 (Ban on Steel-Jawed Leghold Traps); HR 1 (Baiting); S736/HR 1532 (Animal Fighting); HR 8

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

U.S. Senate
U.S. House
USDA
FWS

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

Name	Covered Official Position (if applicable)
Amy Ridings	Director of Legislati
Caroline DeRosa	Legislative Assistan
Lauren Silverman	Legislative Assisten

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

Signature Maguire Bernard Date _____

Printed Name and Title QUARANTINE MANAGER, VP PUBLIC POLICY

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Registrant Name A H A 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 Bu (city and state or co

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

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

Signature

Juanne Barua

Date

Printed Name and Title Suzanne Barnard, VP Public Policy

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