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LOBBYING REPORT

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

1. Registrant Name Golin Harris			
2. Address <input type="checkbox"/> Check if different than previously reported 2200 Clarendon Blvd, Suite 1100			
3. Principal Place of Business (if different from line 2)			
City: Arlington		State/zip (or Country) VA, 22201	
4. Contact Name Telephone E-mail (optional) C. Michael Fulton (703) 741-7500			5. Senate ID # 34023
7. Client Name <input type="checkbox"/> Self Holy Cross Hospital			6. House ID # 322140

 TYPE OF REPORT 8. Year 2004 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <div style="text-align: right;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div>
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 exp accounting method. See instructions for description of opt <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

C. Michael Fulton

8/11/04

Signature C. Michael Fulton Date 0/1/07

Printed Name and Title C. Michael Fulton, Executive VP

LD-2 (REV. 4/03)

PAGE 1 of.

Registrant Name Golin Harris Client Name Holy Cross Hospital

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

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

16. Specific lobbying issues

Funding for facility modernizations

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House
Senate

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

Name	Covered Official Position (if applicable)
C. Michael Fulton	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature C. Michael Fulton Date 8/11/04

Printed Name and Title C. Michael Fulton, Executive VP

Form LD-2 (Rev. 4/03)

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