

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

LOBBYING REPORT

05 FEB 15 AM 11:11

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

1. Registrant name	
Organization	WASHINGTON OFFICE ON AFRICA
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	212 EAST CAPITOL ST
City	WASHINGTON
State	DC
Zip Code	20003
Country	USA
3. Principal place of business (if different than line 2)	
City	
State	
Zip Code	
Country	
4a. Contact Name	b. Telephone number
Prefix Full Name	
MS Jennifer Davis	202 547 7503
c. E-mail	5. Senate ID #
woa@igc.org	0000613-
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
	306 240

TYPE OF REPORT 8. Year 2004 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

<p>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"/> ⇨ \$ _____</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>30,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Com

Jennifer Davis 02-14-05

Printed Name and Title JENNIFER DAVIS INTERIM EXECUTIVE

Registrant Name WASHINGTON OFFICE ON AFRICA Client Name Self

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 FOR (one per page)

16. Specific lobbying issues

HIV / AIDS (global)
Development Assistance
Trade (Africa)
Sudan / Darfur

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

House
Senate
Department of State

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Jennifer	Davis	Ms	

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

Jennifer Davis 02-14-05

Registrant Name WASHINGTON OFFICE ON AFRICA Client Name Self

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	Su
<u>1</u>			<u>3</u>		
<u>2</u>			<u>4</u>		

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

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

1 3 5
2 4 6

Printed Name and Title JENNIFER DAVIS 02-14-05
INTERIM EXECUTIV

