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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 <b>Washington Strategic Consulting</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>2600 Virginia Avenue NW Suite 210</b> <b>Washington DC 20037 US</b>			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name <b>Ms. Amanda Fein</b>	b. Telephone number <b>202-333-5750</b>	c. E-mail <b>afein@wscdc.com</b>	5. Senate ID # <b>305236-11</b>
7. Client Name <input type="checkbox"/> Self <b>Neuropathy Association</b>			6. House ID # <b>3824400</b>

**TYPE OF REPORT** 8. Year 2006 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

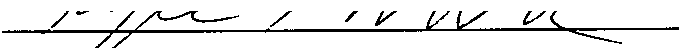
## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions c</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
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Edit Form >

*[Handwritten Signature]* 8/7/06

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Signature  Date 2/11

Printed Name and Title Kyle Mulroy, Partner

LD-2DS (Rev. 4.07)

Registrant Name Washington Strategic Consulting

Client Name Neuropathy 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,** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare Modernization Act- IVIG reimbursements

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

US House of Representatives  
US Senate  
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Michelle Vogel	
Melissa Schweitzer	

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

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8/7/06



Signature *Kyle Mulroy* Date 11/11  
Printed Name and Title Kyle Mulroy, Partner

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Registrant Name Washington Strategic Consulting

Client Name Neuropathy Association

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

20. Client new address

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

City

State/Zip

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 that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

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	Own perc clien

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

Signature

Date

8/7/06

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Printed Name and Title Kyle Mulroy, Partner

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