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LOBBYING REPORT

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

1. Registrant name			
Organization	Washington Health Advocates		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	227 Massachusetts Ave., NE	Suite	300
City	Washington	State	DC
		Zip Code	20002
			Country US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Courtney Gray Haupt	202-543-7460	courtney.grayhaupt@whaonline.org
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
American Academy of Allergy, Asthma and Immunology			40566-2
			6. House ID #
			317510

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 Act **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 checked="" 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 align="center">13. Organizations</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>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) o Revenue Code</p>
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Form C

Printed Name and Title Courtney Gray Haupt, Sr. Associate

Registrant Name Washington Health Advocates Client Name American Academy of Allergy, Asth

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Appropriations for the Dept. of Health and Human Services - National Institutes of Health
Clinical research

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

Senate
House of Representatives
Dept. of Health and Human Services - National Institutes of Health

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

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Lynn	Morrison		n/a
Courtney	Gray Haupt		n/a

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

Add a page for a dif

Registrant Name Washington Health Advocates Client Name American Academy of Allergy, Asth

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

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 Busin (city and state or coun
	Address	City
	C/S/Z	State Country
	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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C P cl
	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 affiliated organization

1

3

5

2

4

6

Add a page for mor

