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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>GOLIN/HARRIS INTERNATIONAL</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>2200 CLARENDON BLVD. SUITE 1100</u>			
3. Principal Place of Business (if different from line 2) City: <u>ARLINGTON</u> State/zip (or Country) <u>VA</u> <u>22201</u>			
4. Contact Name <u>KURT MARKVA</u>	Telephone <u>703-741-7500</u>	E-mail (optional) <u>kmarkva@golinharris.com</u>	5. Senate ID # <u>34023</u>
7. Client Name <input type="checkbox"/> Self <u>WORLD CHIROPRACTIC ALLIANCE</u>	6. House ID # <u>32214</u>		

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 Lobbyin

### 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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
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 accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature Kurt M. Markva Date 4/31/03  
Printed Name and Title Kurt M. MARKVA, Sr. VP

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Registrant Name GOLIN/HARRIS INT'L Client Name WORLD CHIROPRACTIC ASSN

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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

FEDERAL FUNDING FOR PRIORITY PROGRAMS AND PROJECTS

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

☐ Check if None

U.S. HOUSE OF REPRESENTATIVES  
U.S. SENATE

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

Name	Covered Official Position (if applicable)
KURT M. MARKVA	U.S. REP. DON MANZULLO
	U.S. HOUSE COMMITTEE ON SMALL BUSINESS
C. MICHAEL FULTON	

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

☒ Check if None

Signature

*Kurt M. Markva*

Date

7/31/03

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title KURT M. MARKVA, SR. VP

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Registrant Name KURT MARKVA Client Name WORLD PHIOPIASTIC ALL

**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 coi
SHERMAN COLLEGE	2200 SPRINGFIELD RD., P.O. BOX 1452 SPARTANBURG, SC 29304	SPARTANBURG, SC 2
LIFE UNIVERSITY	1209 BARCLAY CIRCLE	MARIETTA, GA 30

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 registrant, affiliated organization

7/31/03

Signature [Signature] Date 1/21/11

Printed Name and Title KURT M. MARKVA, SR. VP

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