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LOBBYING REPORT

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

1. Registrant Name MULLIN, ELIZABETH			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 3702 UNDERWOOD STREET			
3. Principal Place of Business (if different from line 2) City: CHEVYCHASE State/Zip (or Country) MD 20815			
4. Contact Name LISBY MULLIN		Telephone 301 915 0190	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self CHILDREN'S DENTAL HEALTH PROJECT			5. Senate ID # 5278
			6. House ID # 3470

TYPE OF REPORT 8. Year 2002 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

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000)</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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Elizabeth Mullin

Printed Name and Title ELIZABETH MULLIN, HEALTH CARE CONSULTANT



Registrant Name Elizabeth Mullin Client Name CHILDREN'S DENTAL HEALTH F

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

S. 1626 / HR 3059 The Children's Dental Health Improvement Act
S. 2202; The Perinatal Dental Health Improvement Act
S. 998 The Dental Health Improvement Act
HR 5098 The Children's Access to Oral Health Act
S. 2706; Labor HHS Appropriations Act

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

Check if None

US House
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)
<u>Elizabeth Mullin</u>	<u>Legislative Director, US Hou</u>
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.....
.....
.....
.....
.....
.....

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

Check if None

Signature Elizabeth Mullin Date March 12,

Printed Name and Title Elizabeth Mullin; Health Care Consultant



Registrant Name Elizabeth Mullin Client Name INTERSTITIAL CYSTITIS ASSC

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 Busin (city and state or coun

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 or affiliated organization

Signature Elizabeth Mullin Date March 12,

Printed Name and Title Elizabeth Mullin; Health Care Consu

