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

SECRETARY OF THE

05 JUN -9 PM

## **LOBBYING REPORT**

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

1. Registrant name			
Organization GolinHarris			
2. Address Check if different than previously reported			
Address1 2200 Clarendon Blvd.	Suite 1100		
City Arlington State V	A Zip Code 22201	Country US	
3. Principal place of business (if different than line 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City State City State/Z:	Zip Code ip or Country	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
*	ton@golinharris.com	34023 6	
7. Client Name Self		6. House ID#	
Greater Pittsburgh Chamber of Commerce		3221404	
10. Check if this is a Termination Report   □ ⇒ Termination Date  INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13	11. No Lobbying Ac	
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying a were:	ectivities for this reporti	
Less than \$10,000 []	Less than \$10,000		
\$10,000 or more ⊠ ⇒ \$ 40,000	\$10,000 or more	\$	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Cl accounting method. See instruction		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions  Method B. Reporting amounts under section 6033(b) Internal Revenue Code		
		unts under section 162(e) c	
	Revenue Code	Form	

5/07/05 Page\_

Registrant Name	GolinHarris		Client Name Greater Pittsburgh Chamber of Con
engaged in lobb		client during the	necessary to reflect the general issue areas in which the reporting period. <b>Using a separate page for each codes</b> needed.
15. General issu	ie area code	udget/Appropriati	ons (one per page)
16. Specific lob	bying issues		Add page to continue specific issues description for this issue ঠি
Labor - HHS Appropriation			
17. House(s) of	Congress and Federa	l agencies contac	ted Check if None
House Senate			
18. Name of each	ch individual who act	ed as a lobbyist i	n this issue area Add a page to continue additing lobbyists for
First Name C. Michael	Name Last Name Fulton	Suffix <b>Mr</b> .	Covered Official Position (if applicable)
Amanda	Schroeder	Ms.	
Erin	Buechel	Ms.	Senator Arlen Specter
		,,,,,	
19. Interest of e	ach foreign entity in t	the specific issue	s listed on line 16 above \( \overline{\infty} \) Check if None

LD-2DS (REV. 4/03)

Page 2

egistrant Name GolinHarri	s	Client N	Client Name Greater Pittsburgh Chamber of Com			
	Page - Complete ON	LY where regis	stration inform	nation has c	hanged.	
20. Client new address						
Address						
City		State	Zip Code		Country	
21. Client new principal pl	lace of business (if different	than line 20)				
City		State	Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Country	
22. New general description	on of client's business or acti	vities				
LOBBYIST UPDATI	E ously reported individual v	who is <b>no longer</b> (	expected to act a	s a lobbyist fo	or the clier	nt
First Name	Last Name St	ıffix —	First Name	Last Name		S
1		3				
2		4		÷		
ISSUE UPDATE		F	ind the code to	select below.		
24. General lobbying iss	sues that <b>no longer</b> pertair	1				
AFFILIATED ORGA						<del>•</del>
25. Add the following at		Address		Principal	place of Bus	sine
		Address			place of Bus	
25. Add the following at		Address			state or co	unt
25. Add the following at	ffiliated organization(s)	Address		(city and City State	-	unt
25. Add the following at	Address C/S/Z Address	Address		(city and City State City	state or co	unt
25. Add the following at Name	Address C/S/Z Address C/S/Z		a f Clioted with	(city and City State City State	state or co	unt
25. Add the following at Name	Address C/S/Z Address C/S/Z ously reported organizatio			(city and City State City State	state or co	unt
25. Add the following at Name	Address C/S/Z Address C/S/Z		r affiliated with	(city and City State City State	state or co	unt
25. Add the following at Name  26. Name of each previous	Address C/S/Z Address C/S/Z ously reported organization  2			(city and City State City State	state or co	unt
25. Add the following at Name  26. Name of each previous	Address C/S/Z Address C/S/Z ously reported organization  2	n that is <b>no longe</b>	3	City and City State City State the registrant	Countr	ount Ty
25. Add the following at Name  26. Name of each previous  FOREIGN ENTITIES	Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities Address	on that is <b>no longe</b> Principa (city and		(city and City State City State	Countr	ount O pe
26. Name of each previous process of the second previous previous process of the second previous	Address C/S/Z Address C/S/Z ously reported organization  2  ES oreign entities Address	on that is <b>no longe</b> Principa (city and	J place of business	City and City State City State the registrant	Countr	ry
26. Name of each previous process of the second previous previous process of the second previous	Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities Address	on that is <b>no longe</b> Principa (city and	J place of business	City and City State City State the registrant	Countr	ount O pe
26. Name of each previous process of the second previous previous process of the second previous	Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities Address	on that is <b>no longe</b> Principa (city and	J place of business	City and City State City State the registrant	Countr	ount O pe
26. Name of each previous  FOREIGN ENTITIE  27. Add the following for Name	Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities Address	Principa (city and	I place of business d state or country)  Country	City and City State City State the registrant  Amount of confor lobbying a	Countr	O pe cli
26. Name of each previous affiliated organization	Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities  Address Street Address City State/Province	Principa (city and	I place of business I state or country)  Country  Or controls, or is	City State City State City State the registrant  Amount of confor lobbying a	Countr	O pe cli
26. Name of each previous 27. Add the following for Name 28. Name of each previous 28.	Address C/S/Z Address C/S/Z Address C/S/Z Ously reported organization  2  ES Oreign entities Address Street Address City State/Province	Principa (city and	I place of business I state or country)  Country  or controls, or is	City and City State City State the registrant  Amount of confor lobbying a	Countr	O pe cli

LD-2DS (REV. 4/03)

C. Michael Lutter

5/07/05