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LOBBYING REPORT

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

1. Registrant Name Paul A. Weaver, Jr., PAW & Associates			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 333 2nd Street, NE, #101, Washington, DC 20002			
3. Principal Place of Business (if different from line 2) City: Same as above State/Zip (or Country)			
4. Contact Name Paul A. Weaver, Jr	Telephone (202) 675-6937	E-mail (optional) paweaver@aol.com	5. Senate ID 7487
7. Client Name <input type="checkbox"/> Self SCOTTSDALE HEALTHCARE			6. House ID 3602

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-D

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 Lobbyi

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Paul A. Weaver Jr.

Printed Name and Title Paul A. Weaver, Jr., PAW & Associates

LD-2 (REV. 6/98)

P

Registrant Name Paul A. Weaver, Jr.
PAW & Associates

Client Name SCOTTSDALE HEALTH

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the lobbyist was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and attach additional page(s) as needed.

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

16. Specific lobbying issues

HOMELAND DEFENSE / CHEM-BIO RESPONSE

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

☐ Check if None

HOUSE OF REPRESENTATIVES

SENATE

DEPARTMENT OF DEFENSE

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

Name	Covered Official Position (if applicable)
<u>PAUL A. WEAVER JR.</u>	

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

☒ Check if None

Signature

Paul A. Weaver Jr.

Date 17 FEB 2004

Date 10/11/2011
Printed Name and Title Paul A. Weaver, Jr., PAW & Associates

Form LD-2 (Rev.6/98)

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