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SECRETARY OF THE SENATE  
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# LOBBYING REPORT

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

1. Registrant name <b>OraSure Technologies, Inc.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>220 East First Street Bethlehem PA 18015 USA</b>			
3. Principal place of business (if different than line 2) City: _____ State/Zip or Country: _____			
4a. Contact Name <b>Mr. Lee Ann Smolick</b>	b. Telephone number <b>610-882-1820</b>	c. E-mail <b>lsmolick@orasure.com</b>	5. Senate ID # <b>85958-12</b>
7. Client Name <input checked="" type="checkbox"/> Self <b>OraSure Technologies, Inc.</b>			6. House ID # <b>36553000</b>

**TYPE OF REPORT** 8. Year 2006 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></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 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><b>13. Organizations</b></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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

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**Edit Form >** **File with Ho**  
Senate Password  **File with Sen**

Signature Lee Ann Smolick Date 8/10/2006

Printed Name and Title Lee Ann Smolick, Government Affairs



Registrant Name OraSure Technologies, Inc.

Client Name OraSure Technologies, Inc.

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

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

16. Specific lobbying issues

Secure awareness of and need for expansion of HIV testing in the U.S.  
Build awareness of new oral fluid rapid HIV test.  
  
S. Con RPT 109-108, Department of Health and Human Services Appropriations, Provisions relating to HIV prevention

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

House appropriations committee  
Senate appropriations committee  
Department of Health and Human services  
The White House

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

Name			Covered Official Position (if applicable)
David	Oxley	Mr.	
Scott	Evertz	Mr.	

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

Signature \_\_\_\_\_ Date 8/10/2006

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Registrant Name OraSure Technologies, Inc.

Client Name OraSure Technologies, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

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 that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

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	Ownership percentage client

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client affiliated organization

Signature \_\_\_\_\_

Date

8/10/2006

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