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 Washington, DC 20515

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07 JUL -2 **LOBBYING REPORT**

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

1. Registrant name
 Organization Defense Health Advisors Inc

2. Address Check if different than previously reported
 Address1 4000 Fort Worth Ave
 City Alexandria State VA Zip Code 22304 Country US

3. Principal place of business (if different than line 2)
 City _____ State _____ Zip Code _____ Country _____
 State/Zip or Country _____

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail
Ms. Charlotte Tsoucalas 703/751-6959 cltvs1@aol.com

5. Senate ID # 11891-23

7. Client Name Self
Spectrum Healthcare Resources

6. House ID # 3318770

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December)

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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____
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 expense accounting method. See instructions for description of options
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions on
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Form C

Printed Name and Title Charlotte Tsoucalas President

1000062980

Registrant Name Defense Health Advisers Client Name Spectrum Healthcare

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

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

16. Specific lobbying issues

of page structure and format for use of this form

NDAA
Defense Approps

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Charlotte	Tsoucalas		

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

2000062981

Printed Name and Title Charlotte Tsoucalas President

Registrant Name Defense Health Advisors Client Name Spectrum Healthcare R

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name	Last Name	Suffix	First Name	Last Name	Su
1	Charlotte	Tsoucalas	3		
2			4		

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1	2	3
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own perc client

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

1	3	5
2	4	6

Printed Name and Title Charlotte Tsoucalas President

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