

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  
06 MAR 15 P.

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 3/1/2006  
 2. House Identification Number 30756 Senate Identification Number 41113

## REGISTRANT

3. Registrant name Organization Wexler & Walker Public Policy Associates  
 Address 1317 F Street, N.W., Suite 600  
 City Washington State DC Zip 20004 US  
 4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5. Telephone number and contact name Prefix Full Name  
202-662-3710 Contact Ms. Mary M. Tripp E-mail Tripp@wexlerwalker.com  
 6. General description of registrant's business or activities  
Public Affairs

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name National Health Museum  
 Address 1155 15th Street, N.W., Suite 810  
 City Washington State DC Zip 20005 Country US  
 8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 9. General description of client's business or activities  
Creation of a National Health Museum in Washington D.C.

## LOBBYISTS

Go to page 3 to add more li

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person li section has served as a "covered executive branch official" or "covered legislative branch official" within two years of firs a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name Last	Suffix	Covered Official Position (if applicable)
Bob	Walker		
Tom	Carpenter		
Jim	Capretta		
Jack	Howard		
Jody	Hoffman		

0000102281



Registrant Name Wexler & Walker Public Policy Associates

Client Name National Health Museum

**LOBBYING ISSUES**

Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

BUD

DOC

12. Specific lobbying issues (current and anticipated)

National Health Museum Act

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more organ

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

Go to page 3 to add more foreig

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes act the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

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

Form Co

Printed Name and Title Mary M. Tripp, General Counsel

3000102282



Registrant Name Wexler & Walker Public Policy Associates

Client Name National Health Museum

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish t*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish t*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish t*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish t*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

*Add an additional supplementary informatio*

Printed Name and Title Mary M. Tripp, General Counsel

0000102283

