

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
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SECRETAR
05 AUG 10**LOBBYING REPORT**

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

1. Registrant name							
Prefix	Ms.	First	Virginia	Last	Ainslie		
2. Address <input type="checkbox"/> Check if different than previously reported							
Address 1 3812 North Sixth Road							
City		Arlington	State	VA	Zip Code 22203-2207	Country	US
3. Principal place of business (if different than line 2)							
City			State		Zip Code	Country	
City		State/Zip or Country					
4a. Contact Name			b. Telephone number		c. E-mail		5. Senate ID #
Prefix	Full Name						
Ms.	Virginia Ainslie		703 527-5404		vainslie@aol.com		534-137
7. Client Name <input type="checkbox"/> Self							6. House ID #
The MetroHealth System							317070

TYPE OF REPORT 8. Year 2004 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 Acti

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 period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>20,000</u>	\$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 exp accounting method. See instructions for description of opti
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions o
	<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 Revenue Code

Printed Name and Title Virginia J Ainslie*Virginia J. Ainslie*

Virginia J. Linnell *Virginia J. Linnell*

Registrant Name Virginia Ainslie Client Name The MetroHealth System

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			3		
2			4		

ISSUE UPDATE

Find the code to select below.

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)
	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

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)	Amount of contribution for lobbying activities	Ow per clie
			City State Country		

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

1 2 3 4 5 6

Printed Name and Title Virginia J Ainslie

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