

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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SECRETARY

LOBBYING REPORT**Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page****1. Registrant name**Organization **GolinHarris****2. Address** ☐ Check if different than previously reportedAddress 1 **2200 Clarendon Blvd.**Suite **1100**City **Arlington**State **VA**Zip Code **22201**Country **US****3. Principal place of business (if different than line 2)**

City

State

Zip Code

Country

4a. Contact Name

Prefix Full Name

b. Telephone number**c. E-mail****5. Senate ID #****Mr. C. Michael Fulton****703.741.7500****34023-51****7. Client Name**☐ Self**Community Memorial Hospital****6. House ID #****3221404****TYPE OF REPORT**8. Year **2004**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 Act ☐**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13****12. Lobbying Firms****INCOME** relating to lobbying activities for this reporting period was:Less than \$10,000 ☒\$10,000 or more ☐ ☐ \$ _____

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).

13. Organizations**EXPENSES** relating to lobbying activities for this reporting period were:Less than \$10,000 ☐\$10,000 or more ☐ ☐ \$ _____**14. REPORTING METHOD.** Check box to indicate exp accounting method. See instructions for description of op

- ☐ **Method A.** Reporting amounts using LDA definitions
- ☐ **Method B.** Reporting amounts under section 6033(b)(1) Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(e)(1) Internal Revenue Code

Form CPrinted Name and Title **C. Michael Fulton, Executive VP**

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Page 1

Registrant Name GolinHarrisClient Name Community Memorial Hospital

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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue



Labor - HHS - Education Appropriations Bill

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

Senate
House

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Michael	Fulton	Mr.	

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

Add a page for a diff

Printed Name and Title C. Michael Fulton, Executive VP

LD-2DS (REV. 4/03)

Page 4

Registrant Name GolinHarris Client Name Community Memorial Hospital

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

S

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	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State Country

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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe cli
	Street Address			
	City State/Province Country	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

3

5

2

4

6

Add a page for more

Printed Name and Title C. Michael Fulton, Executive VP

C. Michael Fulton

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