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LOBBYING REPORT

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

1. Registrant Name <u>WASHINGTON OFFICE ON AFRICA</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>212 EAST CAPITOL ST., WASHINGTON, DC 2000</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>LEON P. SPENCER</u>		Telephone <u>202 547-7503</u>	E-mail (optional) <u>woa@igc.org</u>
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID <u>00006</u>	6. House ID <u>30624</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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"/> ⇒ \$ _____ Income (nearest \$20,000)</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this 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> Expenses (nearest \$2)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defi</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature _____

Printed Name and Title LEON P. SPENCER, EXECUTIVE DIRECTOR

LD-2 (REV. 6/98)

Registrant Name WASHINGTON OFFICE ON AFRICA Client Name S&A

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

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

16. Specific lobbying issues

DEVELOPMENT ASSISTANCE
GLOBAL AIDS PANDEMIC
DEBT CANCELLATION
SUDAN

17. House(s) of Congress and Federal agencies contacted

Check if None

HOUSE
SENATE
DEPT OF STATE
DEPT OF TREASURY
USTR

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

Name	Covered Official Position (if applicable)
<u>LEON P. SPENCER</u>	
<u>SYLVIA STERN</u>	
<u>LIA TESTA</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Leon Spencer

Date 1-24-02

Printed Name and Title LEON P. SPENCER, EXECUTIVE DIRECTOR

Form LD-2 (Rev.6/98)

Page