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## LOBBYING REPORT

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

1. Registrant Name <b>Golin Harris</b>		
2. Address <input type="checkbox"/> Check if different than previously reported <b>2200 Clarendon Blvd, Suite 1100</b>		
3. Principal Place of Business (if different from line 2) City: <b>Arlington</b> State/zip (or Country) <b>VA, 22201</b>		
4. Contact Name <b>C. Michael Fulton</b>	Telephone <b>(703) 741-7500</b>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <b>Community Memorial Hospital</b>		5. Senate ID # <b>34023-</b>
		6. House ID # <b>32214-</b>

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 ☐

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

*C. Michael Fulton*

8/11/04

Signature [Signature] Date 0/1/01

Printed Name and Title C. Michael Fulton, Executive VP

LD-2 (REV. 4/03)

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Registrant Name Golin Harris Client Name Community Memorial

**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 (one per page)

16. Specific lobbying issues

Pursue federal funding for a rural health clinic.

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

☐ Check if None

House  
Senate

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

Name	Covered Official Position (if applicable)
C. Michael Fulton	

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

☒ Check if None

Signature C. Michael Fulton Date 8/11/04

Printed Name and Title C. Michael Milton, Executive VP

Form LD-2 (Rev. 4/03)

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