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LOBBYING REPORT

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

1. Registrant Name Washington Health Advocates			
2. Address <input type="checkbox"/> Check if different than previously reported 227 Massachusetts Avenue, NE, Suite 300			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20002			
4. Contact Name Courtney E. Gray	Telephone (202) 543-7460	E-mail (optional) healthadvocate04@att.net	5. Senate ID # 40566
7. Client Name <input type="checkbox"/> Self General Clinical Research Centers Program Directors Assn.			6. House ID # 31751

TYPE OF REPORT 8. Year 2002 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

<p>12. Lobbying Firms</p> <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>13. Organizations</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 accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Courtney E. Gray, Office Manager

Registrant Name Washington Health Advocates Client Name General Clinical Research Centers Program Directors

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

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

16. Specific lobbying issues

Appropriations for the Department of Health and Human Services – National Institutes of Health
Clinical Research Enhancement Act

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

Senate
House of Representatives
Department of Health and Human Services - National Institutes of Health

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

Name	Covered Official Position (if applicable)
Lynn Morrison	
Deborah Spielberg	Senior Policy Analyst

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

Signature Courtney E Gray Date 8/9/02
Printed Name and Title Courtney E. Gray, Office Manager

