

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

SECRETARY OF THE SENATE

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## LOBBYING REPORT

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

|  |  |                                    |  |
|--|--|------------------------------------|--|
| 1. Registrant Name<br><u>Sara G. Garland</u>   |  |                                    |  |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>418 C Street, NE, Washington, DC 20002</u> |  |                                    |  |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____                            |  |                                    |  |
| 4. Contact Name<br><u>Rachel A. Emmons</u>   |  | Telephone<br><u>(202) 547-8530</u> | E-mail (optional)<br><u>rachele@greystone-<br/>group.com</u> |
|  |  |                                    | 5. Senate ID<br><u>15816</u>                                 |
| 7. Client Name <input type="checkbox"/> Self<br><u>Swope Parkway Health Center</u>   |  |                                    | 6. House ID #<br><u>32782</u>                                |

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-D

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><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____<br/>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><b>13. Organizations</b></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 type="checkbox"/> ⇒ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6115 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |
|---|---|

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name Sara G. Garland

Client Name Swope Parkway Health Center

**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

S. 1216, H.R. 2620, H. Rept. 107-159, S. Rept. 107-43 (VA-HUD Appr  
FY2002, HUD-Community Development)  
Labor, HHS, and Education Appropriations, FY2002, Health and Human  
CDC)  
H.R. 2500, S. 1215, H. Rept. 107-139, S. Rept. 107-42 ( CJS Approp  
FY2002, Department of Justice)

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

Check if None

U.S. Senate  
U.S. House of Representatives  
HUD  
CDC

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

| Name             | Covered Official Position (if applicable) |
|------------------|---|
| Rachel A. Emmons |   |
| Sara G. Garland  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |

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

Check if None

Signature *Rachel A. Emmons* Date 8-14-0

Printed Name and Title Rachel A. Emmons, Associate

