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LOBBYING REPORT

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

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

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
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(i) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

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)

PAGE 1 of

Registrant Name Golin Harris Client Name University Health Ass.

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

VA-HUD and Agriculture spending bills

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 Hilton, Executive VP

Form LD-2 (Rev. 4/03)

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Registrant Name Golin Harris Client Name University Health Ass

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 EDU (one per page)

16. Specific lobbying issues

Labor - HHS - Education Appropriation
Bill

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	
Carol C. Mitchell	

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 Kulton, Executive VP

Form LD-2 (Rev. 4/03)

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