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LOBBYING REPORT

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

1. Registrant name: **Prevent Blindness America**

2. Address Check if different than previously reported
211 West Wacker Drive Suite 1700
Chicago IL 60606 USA

3. Principal place of business (if different than line 2)
City: _____ State/Zip or Country: _____

4a. Contact Name Mr. Daniel D. Garrett	b. Telephone number 312-363-6032	c. E-mail dgarrett@preventblindness.org	5. Senate ID # 78312-12
7. Client Name <input checked="" type="checkbox"/> Self Prevent Blindness America			6. House ID # 36175000

TYPE OF REPORT 8. Year 2006 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 Activity

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"/> ⇨ \$ _____</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 checked="" type="checkbox"/> ⇨ \$ <u>138,000</u></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 definitions only</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Senate Password	File with Sen

Signature Daniel D Garrett Date 8/15/2006

Printed Name and Title Daniel D. Garrett, Senior VP

Digitally signed by Daniel D Garrett
DN: cn=Daniel D Garrett, o=US, postalCode=20515
Reason: I am the author of this document
Date: 2006.08.15 14:22:19 -0500

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Registrant Name Prevent Blindness America Client Name Prevent Blindness America

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City _____ State/Zip _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage client

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client affiliated organization

Signature _____ Date 8/15/2006

Printed Name and Title Daniel D. Garrett, Senior VP

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