

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
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SECRETARY OF  
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## LOBBYING REPORT

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

1. Registrant Name <u>OPINA BIFIDA ASSOCIATION OF AMERICA</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4590 MacARTHUR BLVD. N.W. STE 250</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/zip (or Country) <u>DC 20007</u>			
4. Contact Name <u>CINDY BROWNSTEIN</u>		Telephone <u>202-944-3285</u>	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID # <u>216665</u>	6. House ID # <u>341170</u>

TYPE OF REPORT 8. Year 2003 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 type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>52,000.-</u> 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 op
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitio
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033( Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature  Date 2/2/04

Printed Name and Title CINDY BROWNSTEIN, CEO

Registrant Name SPINA BIFIDA ASSN Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

REAUTHORIZATION OF INDIVIDUALS W/ DISABILITIES EDUCATION  
REAUTHORIZATION OF BIRTH DEFECTS PREVENTION ACT  
CREATION OF NAT'L CENTER ON BIRTH DEFECTS & DEV. DISA  
AT CDC & NATIONAL PROGRAM ON OPINA BIFIDA  
HEARING ON BIRTH DEFECTS SENATE HELP COMMITTEE

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

SENATE  
HOUSE OF REPS  
CENTER FOR DISEASE CONTROL  
NIH

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

Name	Covered Official Position (if applicable)
CINDY BROWNSTEIN	CEO

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

*[Handwritten Signature]*

12/11

Signature [Handwritten Signature] Date 07/04

Printed Name and Title CONY BROWNSTEIN, CEO

Form LD-2 (Rev. 4/03)

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Registrant Name SPINA OFFIDA ASSN Client Name \_\_\_\_\_

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

20. Client new address

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

City

State/Zip (or Country)

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 previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or co

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

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

Signature  Date 2/3/04

Printed Name and Title CINDY BROWNSTEIN, CEO

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