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LOBBYING REPORT

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

1. Registrant Name BATTILLE MEMORIAL INSTITUTE			
2. Address <input type="checkbox"/> Check if different than previously reported		505 King Avenue Columbus, OH 43201-2693	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Lois M. Proper	Telephone 614-424-3014	E-mail (optional) properl@battelle.org	5. Senate ID # 5585-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30217000

TYPE OF REPORT 8. Year 2000 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>160,000</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 expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title **Lois M. Proper, Paralegal**

LD-2 (REV. 6/99)

PAGE 1 of 3

Registrant Name Battelle Memorial Institute Agent Name same

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

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

16. Specific lobbying issues

- House & Senate National Defense Authorization Act for FY01
- House & Senate Department of Defense Appropriations for FY01
- House & Senate Transportation Appropriations for FY01
- House & Senate Appropriations for Department of Interior and Relations Agencies for FY01
- House & Senate Appropriations for Energy & Water Development for FY01
- House & Senate Appropriations for VA, HUD, and Independence Agencies for FY01

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

- US House
- US Senate
- DOE
- DOT
- DoD

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

Name	Covered Official Position (if applicable)	New
M. Douglas Todd		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature: _____ Date: _____

Printed Name and Title: _____

Registrant Name Battelle Memorial Institute Agent Name same

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House & Senate National Defense Authorization Act for FY01
House & Senate Appropriations for Energy & Water Development for FY01
House & Senate Appropriations for Interior & Related Agencies for FY01

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

US House
US Senate
DOE

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

Name	Government Official Position (if applicable)	How
John F. Bagley, Ph.D.		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Lois M. Proper Date 2/13/01

Printed Name and Title Lois M. Proper, Paralegal