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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 International			
2. Address <input type="checkbox"/> Check if different than previously reported 2200 Clarendon Boulevard, Suite 1100			
3. Principal Place of Business (if different from line 2) Arlington VA, 22201			
City:		State/zip (or Country)	
4. Contact Name Carol C. Mitchell	Telephone (703) 741-7500	E-mail (optional)	5. Senate ID # 34023-150
7. Client Name <input type="checkbox"/> Self Ruby Memorial Hospital			6. House ID # 32214007

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

<p align="center">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"/> ⇨ \$ <u>40,000</u> <small>Income (nearest \$20,000)</small></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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature *Carol C. Mitchell* Date 7/10/01

Printed Name and Title Carol C. Mitchell, VP

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Colin Harris Int'l Client Name Ruby Memorial Hospital

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

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

16. Specific lobbying issues

FY 2004 funding for health care

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

US Senate
House of Representatives

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

Name	Covered Official Position (if applicable)
<u>Carl C Mitchell</u>	
<u>C. Michael Fulton</u>	

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

Signature Carl C Mitchell Date 2/12/04

Printed Name and Title Carol C. Mitchell, Sr. VP

Form LD-2 (Rec. 4/03)

Page 2