

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 THE SENATE

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LOBBYING REPORT

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

1. Registrant name			
Organization	Haake and Associates		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	1301 K. Street, NW	Suite	900E
City	Washington	State	DC
		Zip Code	20005
		Country	USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Edward Getterman	202.408.8700	egetterman@haake-dc.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Medical Evaluations Specialist Solutions			17226
			6. House ID #
			33578034

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 11/10/2006 11. No Lobbying Activity

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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of 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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Form Cam

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T. M. Haake
Printed Name and Title Timothy Haake, Partner



Registrant Name Haake and Associates Client Name Medical Evaluations Specialist Solutions

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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 HCR - Health Issues (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Promoted the use of independent medical evaluations by the Departments of Veterans Affairs and Labor

17. House(s) of Congress and Federal agencies contacted None House Senate Other

Department of Veterans Affairs
Department of Labor

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this i*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Timothy	Haake		
Edward	Gettman		

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

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T.M. Haake

Registrant Name Haake and Associates Client Name Medical Evaluations Specialist Solutions

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentag client
			City State Country		

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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title

T. M. Haake
Timothy Haake, Partner

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