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07 JUL -2 PM 1:44

# LOBBYING REPORT

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

1. Registrant name  
Organization Defense Health Advisors Inc

2. Address  Check if different than previously reported  
Address 1 4000 Fort Worth Ave.  
City Alexandria State VA Zip Code 22304 Country USA

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
State/Zip or Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
Mr. Charlotte Tsoucalas 703/751-6959 altval@aol.com

5. Senate ID # 11891-24

7. Client Name  Self  
Wisconsin Physician Service Ins Co

6. House ID # 33877001

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  1 ⇨ Termination Date \_\_\_\_\_ 11. No Lobbying Active

**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 checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____
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 option: <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code

Form Co

000062976

Printed Name and Title Charlotte Tsoucalas President



Registrant Name Defense Health Advisors Client Name Wisconsin Physicians

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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 DEF (one per page)

16. Specific lobbying issues

<p>NDAA Defense Approps</p>
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17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Charlotte	Tsoucalas		

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

Printed Name and Title Charlotte Tsoucalas President

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Registrant Name Defense Health Advisors Client Name Wisconsin Physicians Society

**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	Su
1 Charlotte	Tsoucalas		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 Address C/S/Z	City State Country City State

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

1	2	3
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**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	Owns per cent client
	Street Address City State/Province Country	City State Country		

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

1	3	5
2	4	6

Printed Name and Title Charlotte Tsoucalas President

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