

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

Secretary of the Senate  
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Washington, DC 20510

SECRETARY OF THE SENATE

00 DEC 27 PM 2:59

**LOBBYING REPORT**

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

|                                                                                                                                |  |                                  |                                           |
|--------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|-------------------------------------------|
| 1. Registrant Name<br><u>Defense Health Advisors, Inc.</u>                                                                     |  |                                  |                                           |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>1717 Pennsylvania Ave NW, Suite 1300</u> |  |                                  |                                           |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>Washington</u> State/Zip (or Country) <u>DC 20006</u>    |  |                                  |                                           |
| 4. Contact Name<br><u>Charlotte Tsoucalas</u>                                                                                  |  | Telephone<br><u>202 452-6928</u> | E-mail (optional)<br><u>chval@aol.com</u> |
| 5. Senate ID #<br><u>11891-51</u>                                                                                              |  | 6. House ID #<br><u>33877004</u> |                                           |
| 7. Client Name <input type="checkbox"/> Self<br><u>Data Disk Technology</u>                                                    |  |                                  |                                           |

**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 6-30-00 11. No Lobbying Activity ☒

**INCOME OR EXPENSES** Complete Either Line 12 OR Line 13

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____<br/>Income (nearest \$20,000)</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><b>13. Organizations</b></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"/> \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature Charlotte L. Tsoucalas

Printed Name and Title Charlotte L. Tsoucalas, President

Registrant Name Defense Health Advoc Client Name Data Disk Technology, Inc

**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 DEF (one per page)

16. Specific lobbying issues

Personal Information Carrier

17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

| Name | Covered Official Position (if applicable) | New                      |
|------|-------------------------------------------|--------------------------|
|      |                                           | <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 Charlotte R. Tsoucalas Date Dec. 29, 2000

Printed Name and Title Charlotte L. Tsoucalas, President