

SECRETARY OF THE SENATE  
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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

# LOBBYING REPORT

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

|   |                             |                     |                             |
|---|-----------------------------|---------------------|-----------------------------|
| 1. Registrant name  |                             |                     |                             |
| Organization  | Washington Health Advocates |                     |                             |
| 2. Address <input type="checkbox"/> Check if different than previously reported |                             |                     |                             |
| 227 Massachusetts Ave., NE  |                             | Suite 300           |                             |
| City  | Washington                  | State               | DC                          |
| Zip Code  | 20002                       | Country             | USA                         |
| 3. Principal place of business (if different than line 2)                       |                             |                     |                             |
| City  | State                       | Zip Code            | Country                     |
| 4a. Contact Name  |                             | b. Telephone number | c. E-mail                   |
| Prefix  | Full Name                   |                     |                             |
| Mr.   | Edward Q. Garcia III        | 202-543-7460        | edward.garcia@whaonline.org |
| 7. Client Name <input type="checkbox"/> Self                                    |                             |                     | 5. Senate ID #              |
| General Clinical Research Centers Program Director's Association                |                             |                     | 40566-137                   |
|   |                             |                     | 6. House ID #               |
|   |                             |                     | 31751005                    |

**TYPE OF REPORT** 8. Year 2005 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

|   |  |
|---|--|
| <b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>  |  |
| <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"/> ⇨ \$ _____</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"/> ⇨ \$ _____</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"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Form Cor

Printed Name and Title Edward Q. Garcia III, Legislative Assistant

0000413187



Registrant Name Washington Health Advocates Client Name General Clinical Research Centers Pr

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the re 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* >

Appropriations for the Department of Health and Human Services - National Institutes of Health  
Clinical Research Enhancement Act.

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

Senate  
House of Representatives  
Department of Health and Human Services - National Institutes of Health

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

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| Lynn       | Morrison          |        | N/A                                       |
| Courtney   | Gray Haupt        |        | N/A                                       |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |

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

*Add a page for a differ*

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Registrant Name Washington Health Advocates Client Name General Clinical Research Centers Pr

**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

Suffi

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|---|
|      | Address | City  |
|      | C/S/Z   | State   |
|      | Address | Country   |
|      | 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 | Address        | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Owns or controls or is affiliated with the registrant, or affiliated organization |
|------|----------------|---|--|---|
|      | Street Address | City  |  |   |
|      | City           | State/Province  |  |   |
|      |                | Country   |  |   |
|      |                | State   |  |   |
|      |                | Country   |  |   |

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

1

3

5

2

4

6

Add a page for more u

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