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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 **Washington Health Advocates**

2. Address Check if different than previously reported
Address1 **227 Massachusetts Ave., NE** Suite **300**
City **Washington** State **DC** Zip Code **20002** Country **US**

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

4a. Contact Name Prefix **Ms.** Full Name **Courtney Gray Haupt** b. Telephone number **202-543-7460** c. E-mail **courtney.grayhaupt@whaonline.org**

5. Senate ID # **40566-1**

7. Client Name Self
American Federation for Medical Research

6. House ID # **3175100**

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <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 exp accounting method. See instructions for description of opt
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions c
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code

Form C

Printed Name and Title Courtney Gray Haupt, Sr. Associate

Registrant Name Washington Health Advocates Client Name American Federation for Medical Re

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

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 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

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	Ow per entit
			City State Country		

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

1

3

5

2

4

6

Add a page for more

