

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

SECRETARY OF THE
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LOBBYING REPORT

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

| | | | |
|---|---------------------------------|---|--------------------------------|
| 1. Registrant Name <u>Virginia J. Ainslie</u> | | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>3812 North Sixth Road, Arlington, VA 22203</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name <u>Virginia J. Ainslie</u> | Telephone <u>703 5275404</u> | E-mail (optional) <u>va@inslie.com</u> | 5. Senate ID # <u>534 -</u> |
| 7. Client Name <input type="checkbox"/> Self <u>Cleveland Clinic Foundation</u> | | | 6. House ID # <u>31707</u> |

TYPE OF REPORT 8. Year 2001 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 ☐

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 type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> Income (nearest \$20,000) | \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) |
| 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 accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6032 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code |

Signature Virginia J. Ainslie
Printed Name and Title VIRGINIA J. AINSLIE

[REDACTED]

Registrant Name Virginia Ainslie Client Name Cleveland Clinic Foundation

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 MED (one per page)

16. Specific lobbying issues

*Medical research funding in the
FY 2002 Defense Appropriations Bill*

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

☐ Check if None

House and Senate

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

| Name | Covered Official Position (if applicable) |
|-------------------------|---|
| <i>Virginia Ainslie</i> | <i>no</i> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature Virginia J. Ainslie Date August 7, 2002
Printed Name and Title VIRGINIA J. AINSLIE



Registrant Name Virginia Amalie Client Name Cleveland Clinic Foundation

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

20. Client new address

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

City

State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bu (city and state or co |
|-------------|---------|--|
| <i>none</i> | | |

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

none

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 |
|-------------|---------|--|---|
| <i>none</i> | | | |

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

none

Signature Virginia J Amalie Date August 7, 2010

Printed Name and Title VIRGINIA S. NISLIE

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