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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 |
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 01/12/2007

2. House Identification Number 37529

Senate Identification Number 296874

## REGISTRANT

3. Registrant name BatesNeimand

Address 1025 Vermont Avenue, NW Suite 830

City Washington State DC Zip 20005 USA

4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name

202-637-9732 Contact Ms. Mary Beth Buchholz E-mail marybeth@batesneimand.com

6. General description of registrant's business or activities

Strategic Communications and Government Affairs Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name National Health Council

Address 1730 M Street, NW Suite 500

City Washington State DC Zip 20036 USA

8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. General description of client's business or activities

nonprofit organization promoting the health of all people

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name               | Covered Official Position (if applicable) |
|--------------------|---|
| Mary Beth Buchholz |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

000023404



Registrant Name BatesNeimand

Client Name National Health Council

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

HCR

12. Specific lobbying issues (current and anticipated)

Food and Drug Administration reauthorizations  
FDA appropriations

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

| Name | Address | Principal place of Business<br>(city and state or country) |
|------|---------|--|
|      |         |  |

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution for lobbying activities | Own percentage |
|------|---------|--|--|----------------|
|      |         |  |  |                |

Signature

*Mary Beth Buchholz*

Date

2/9/07

Printed Name and Title

Mary Beth Buchholz, Vice President, Government Affairs

1000023405



Registrant Name BatesNeimand

Client Name National Health Council

**ADDITIONAL LOBBYISTS**

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

| Name | Covered Official Position (if applicable) |
|------|---|
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |

**ADDITIONAL LOBBYING ISSUES**

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

**AFFILIATED ORGANIZATIONS**

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|---|
|      |         |   |

**ADDITIONAL FOREIGN ENTITIES**

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Own percent: |
|------|---------|---|--|--------------|
|      |         |   |  |              |

Signature Mary Beth Buchholz Date 2/9/07  
Printed Name and Title Mary Beth Buchholz, Vice President, Government Affairs

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