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LOBBYING REPORT

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

1. Registrant Name Golin Harris	
2. Address <input type="checkbox"/> Check if different than previously reported 2200 Clarendon Blvd, Suite 1100	
3. Principal Place of Business (if different from line 2) Arlington State/zip (or Country) VA, 22201	
4. Contact Name Carol C. Mitchell	Telephone (703) 741-7500
5. Senate ID # 34023-1	
6. House ID # 322140	
7. Client Name <input type="checkbox"/> Self National Association of County & City Health Officials	

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 ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(I Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p>
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Carol C. Mitchell

Date 8/9/04

Signature *Carol C. Mitchell* 11
Printed Name and Title Carol C. Mitchell, VP
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Registrant Name Golin Harris Client Name National Assn. of County

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 (one per page)

16. Specific lobbying issues

*Funding for public health prevention/infrastructure.
FY 2008 labor - NHS appropriations*

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

☐ Check if None

*House of Representatives
US Senate*

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

Name

Covered Official Position (if applicable)

Carol C. Mitchell

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

☒ Check if None

Signature *Carol C. Mitchell* Date *8/9/04*

Printed Name and Title Carol C. Mitchell, VP

Form LD-2 (Rev. 4/03)

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