Go to

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

05 AUG 17 PM 2: 33

## **LOBBYING REPORT**

Suite 250 C zip Code 20007	Country U	
	Country U	
	Country U	
C Zip Code 20007	Country U	
Zip Code o or Country	Country	
c. E-mail	5. Senate ID#	
vnstein@sbaa.org	46665-	
	6. House ID #	
	3411700	
***************************************	izations	
EXPENSES relating to lobbying act were:		
Less than \$10,000		
\$10,000 or more 🗵 🖒 \$	75,000	
14. REPORTING METHOD. Che accounting method. See instructions	ck box to indicate expe for description of opti	
Method A. Reporting amounts using LDA definitions of Method B. Reporting amounts under section 6033(b)(8)		
	Code s under section 162(e) of	
	OR Line 13  13. Organi  EXPENSES relating to lobbying acwere:  Less than \$10,000  \$10,000 or more  \$\$  14. REPORTING METHOD. Che accounting method. See instructions  Method A. Reporting amount Internal Revenue Comment of the second of the s	

M 00000100

Printed Name and Title Cindy Brownstein, Chief Executive Officer

Registrant Name	Spina Bifida	Association of America	Client Name Spina Bilida Association of America
engaged in lob	bying on beha		necessary to reflect the general issue areas in which the reporting period. Using a separate page for each cod s needed.
15. General iss	ue area code	HCR - Health Issues	(one per page)
16. Specific lo	bbying issues		Add page to continue specific issues description for this issue
Developme funding for Appropriate CDC and D and TriCare	ental Disabilitienthe NCBDDD enter MCBDDD enter money for the pot. of Veterale Programs to	es (NCBDDD) at the Center Increase funding for the Area National Institutes of Hearns' Affairs Agent Orange Foollaborate with the Nation	
```		d Federal agencies contaction of Representation	ctedCheck if None esentatives, CDC, NIH, AHRQ, FDA
Sinco otac			
18. Name of ea	Nam	I who acted as a lobbyist i e Name Suffix	Add a page to continue additing lobbyists for u  Covered Official Position (if applicable)
Cindy	Brownste	ein	Chief Executive Officer
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i			
1	*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***************************************	······································		
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······································			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19. Interest of	each foreign	entity in the specific issue	s listed on line 16 above \( \overline{\text{X}}\) Check if None
	······································	,	
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LD-2DS (RM)

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Page 2

00 000 1 1 11	uate rage -	Complete O	NLY where regis	stration infor	mation has chang	ed.
20. Client new addre	ss		·	• •		
Address						
City		· .	State	Zip Code	Cou	ntry
21. Client new princ	ipal place of busi	ness (if differen	t than line 20)		•	
City			State	Zip Code	Cou	ntry
22. New general des	cription of client	's business or ac	tivities		`	********
		·				
LOBBYIST UPI	ATE		——————————————————————————————————————			).
23. Name of each p					as a lobbyist for the	client
First Name	Last Name	•	_	First Name	Last Name	
<del></del>	•	•	[3]			
2			4			
ISSUE UPDATE		<del></del>				
24. General lobbying	•	o longer pertai		ind the code to	select below.	
	-8	6 <b>f</b>				•
					·	
AFFILIATED O	RGANIZATI	ONS	•			
25. Add the followi	ng affiliated org	ganization(s)	•		•	
Nar	ne i	· Address			Principal place of Busine	
***************************************		•••••••••••••••••••••••••			(city and state o	r count
1		Address		•	City	•
		C/S/Z Address	,			ountry
		C/S/Z		" l	City State	
26 Name of each n	reviously repor	ted organizatio	on that is no langur	affiliated with	the registrant or clie	
7	reviously repor	2	m mat is no longer	,	the registratit of cite	111
1.		[4]		3		
FOREIGN ENT	TIES	,				
27. Add the followi	ng foreign entit		<del></del>		1	
	Street Address	Address	(city and s	place of business . state or country)	Amount of contribution for lobbying activities	Ov per
Name	l est	State/Province	2 Country	,,		clie
Name	City				<i>*</i>	
Name	City		City		1	
Name	City		City	Country		
		foreign entity th	State		affiliated with the reg	istrant.
	viously reported	foreign entity th	State		affiliated with the regi	istrant
28. Name of each pre	viously reported	foreign entity th	State		affiliated with the regi	istrant
28. Name of each pre	viously reported	foreign entity th	State			istrant