

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Affairs
232 Hart Building
Washington, DC 20510

SECREARY OF THE SENATE

05 FEB 16 AM 10:54

LOBBYING REPORT

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

1. Registrant name			
Organization		Golin/Harris International	
2. Address ☐ Check if different than previously reported			
Address 2200 Clarendon Blvd., Suite 1100			
City	Arlington, Va.	State	Zip Code 22201 Country
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
	Mrs. Carol C. Mitchell	703-741-7500	cmitchell@golinharris.com
7. Client Name ☐ SA		5. Senate ID #	
National Association of County & City Health Officials		34023	
		6. House ID #	
		322140	

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 A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 ☐ \$10,000 or more ☒ ⇒ \$ <u>60,000</u> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 ☒ \$10,000 or more ☐ ⇒ \$ _____ 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of each method. ☐ Method A. Reporting amounts using LDA definition ☐ Method B. Reporting amounts under section 6033(b), Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e), Internal Revenue Code
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Form

Printed Name and Title Carol C. Mitchell, Sr. Vice President

Client Name Nat'l Assn. of County

15. General issue area code NCR (one per page)

Auto prog. to combine specific features description for each class

FY 2005 Labor - NNS - Education Appropriations - funding for public health/prevention/infrastructure

☐ Check if None

US House of Representatives
US Senate

ADD 6 PAGES TO CONTINUE ORDERING MATERIALS TO:

First Name	Name Last Name	Suffix	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

Carl C. Mitchell

2/4/08

And it is not for nothing that

Printed Name and Title Carol C. Mitchell, Sr. Vice President

LD-2DS (REV. 4/03)

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