



Printed Name and Title

Huan Tran, Legislative Assistant

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LD-2 (REV. 4/03)

PAGE 1 of —

Registrant Name Washington Health Advocates Client Name American Academy of Allergy, Asthma, and

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the r 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

Appropriations for the Department of Health and Human Services - National Institutes of Health  
Clinical Research


17. House(s) of Congress and Federal agencies contacted  Check if None

Senate  
House of Representatives  
Department of Health and Human Services - National Institutes of Health

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

| Name          | Covered Official Position (if applicable) |
|---------------|---|
| Lynn Morrison | n/a                                       |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date 8/7/03

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Registrant Name Washington Health Advocates Client Name American Academy of Allergy, Asthma, a

**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

Deborah Spielberg

**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 Business<br>(city and state or country) |
|------|---------|--|
|      |         |  |


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

**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

Signature  Date 8/7/03

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