

LOBBYING REPORT

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

1. Registrant Name Charlie McBride Associates			
2. Address <input type="checkbox"/> Check if different than previously reported 1101 17th Street, N.W. #705			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Anne Marks		Telephone (202) 466-4210	5. Senate ID # 24214-48
7. Client Name <input type="checkbox"/> Self Biomedical Research Foundation		E-mail (optional)	6. House ID # 31969003

TYPE OF REPORT B. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activity

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 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000) 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 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Anne Marks

Printed Name and Title Anne Marks, Executive Assistant

Registrant Name Charlie McBride Assoc. Client Name Biomedical Research Foundation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DoE Appropriations

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

United States Senate, House of Representatives

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

Name	Covered Official Position (if applicable)	No
Charlie McBride		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

N/A

Signature

Anne Marks

Date 2/13/01

Printed Name and Title

Anne Marks, Executive Assistant

Form LD-2 (Rev 6/98)

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Registrant Name Charlie McBride Assoc. Client Name Biomedical Research Foundation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

VA-RUD Appropriations

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

United States Senate, House of Representatives

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

Name	Covered Official Position (if applicable)	No.
Charlie McBride		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

N/A

Signature Anne Marks Date 2/13/01

Printed Name and Title Anne Marks, Executive Assistant

Registrant Name Charlie McBride Assoc. Client Name Biomedical Research Foundation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DoT Appropriations

17. House(s) of Congress and Federal agencies contacted Check if None
United States Senate, House of Representatives

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

Name	Covered Official Position (if applicable)	Net
Charlie McBride		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

N/A

Signature Anne Marks Date 2/13/01

Printed Name and Title Anne Marks, Executive Assistant