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

SECRETARY OF THE

05 JUN -9 PM

LOBBYING REPORT

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

1. Registrant name		
Organization GolinHarris		,
2. Address Check if different than previously reported		
Address1 2200 Clarendon Blvd.	Suite 1100	
City Arlington State V	A Zip Code 22201	Country US
3. Principal place of business (if different than line 2)		
City State City State/Zi	Zip Code ip or Country	Country
4a. Contact Name b. Telephone number	c. E-mail	5. Senate ID#
Prefix Full Name Mr. C. Michael Fulton 703.741.7500 mful	ton@golinharris.com	34023-2
7. Client Name Self	,	6. House ID#
Our Lady of the Lake Regional Medical Center		3221402
INCOME OR EXPENSES - Complete Either Line 1 12. Lobbying Firms	2 OR Line 13 13. Organ	izations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying a were:	ctivities for this reporti
Less than \$10,000	Less than \$10,000	
\$10,000 or more 🗵 🖒 \$	\$10,000 or more	S
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Chaccounting method. See instruction	
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).		nts using LDA definitions nts under section 6033(b) e Code
	Method C. Reporting amou Revenue Code	ints under section 162(e) o
		Form (

Registrant Name_	GolinHarris		Client Name	Our Lady of the Lake Regional Med
engaged in lobby	CTIVITY. Select as ying on behalf of the equested. Attach add	client during the repo	orting period.	et the general issue areas in which the Using a separate page for each coo
15. General issu	e area code HCR - H	eaith Issues		(one per page)
16. Specific lobl			dd page to conlim	ue specific issues description for this issue 🖇
Labor - HHS	- Education Appropria	ations Bill		
17. House(s) of	Congress and Federa	al agencies contacted	Check i	fNone
				· · · · · · · · · · · · · · · · · · ·
House				
House Senate	Cong. 600 tan 2 0 000			
Senate				
Senate	ch individual who act	ted as a lobbyist in th		Add a page to continue additing labbyists for ad Official Position (if applicable)
Senate 18. Name of each	ch individual who act Name Last Name	Suffix		Add a page to continue additing lobbyists for ad Official Position (if applicable)
Senate 18. Name of each	ch individual who act	1		, "
Senate 18. Name of each	ch individual who act Name Last Name	Suffix		, "
Senate 18. Name of each	ch individual who act Name Last Name Fulton	Suffix Mr.	Covere	, "
Senate 18. Name of each	ch individual who act Name Last Name Fulton	Suffix Mr.	Covere	ed Official Position (if applicable)
Senate 18. Name of each	ch individual who act Name Last Name Fulton	Suffix Mr.	Covere	ed Official Position (if applicable)
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Senate 18. Name of each	ch individual who act Name Last Name Fulton	Suffix Mr.	Covere	ed Official Position (if applicable)
Senate 18. Name of each	ch individual who act Name Last Name Fulton	Suffix Mr.	Covere	ed Official Position (if applicable)

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Page 2

	SolinHarris		Client Na	me Our Lady of	the Lake Regional I	Medi	
		e - Complete O	NLY where regist	tration informa	tion has changed	1.	
20. Client new ad							
Address					_		
City		***************************************	State	Zip Code	Country	у	
21. Client new pr	rincipal place of l	business (if differer	it than line 20)				
City		***************************************	State	Zip Code	Country	у 	
22. New general	description of cli	ient's business or a	ctivities				
LOBBYIST U	JPDATE	enorted individua	l who is no longer e	xpected to act as a	lobbyist for the cli	ient	
First Name	Lasi	: Name	Suffix	First Name	Last Name	\$	
1			3				
2			4				
ISSUE UPDA	ATE		Fi	nd the code to se	lect below.		
		at <mark>no longer</mark> perta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•						
	D ORGANIZ.						
25. Add the following		d organization(s)	Address		Principal place of I	Busine	
	Name		Aumess	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(city and state or count		
		Address			City		
		C/S/Z			State Cou	intry	
		Address	Address		City		
_							
		C/S/Z			State		
26. Name of ea	ach previously r		tion that is no longer			ıt	
26. Name of ea	ach previously r		ion that is no longer			nt	
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FOREIGN E 27. Add the fol		eported organizat		affiliated with th	e registrant or clien		
FOREIGN E	ENTITIES Illowing foreign Street A	entities Address	Principal (city and	affiliated with th		O	
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FOREIGN E 27. Add the fol Name 28. Name of each	ENTITIES Illowing foreign Street A City Ch previously rep	entities Address State/Prov	Principal (city and City	place of business state or country)	e registrant or clien Amount of contribution for lobbying activities	O ps	
FOREIGN E 27. Add the fol Name	ENTITIES Illowing foreign Street A City Ch previously rep	entities Address State/Prov	Principal (city and City City State	place of business state or country)	e registrant or clien Amount of contribution for lobbying activities	O ps	

Add a page for mon

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C. Michael Gutta

5/27/05