

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
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SECRETARY OF THE  
03 SEP 24 PM 2

### LOBBYING REPORT

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

1. Registrant Name <b>SPINA BIFIDA ASSOCIATION OF AMERICA</b>		
2. Address <input type="checkbox"/> Check if different than previously reported <b>21590 MACARTHUR BLVD, NW STE. 250</b>		
3. Principal Place of Business (if different from line 2) City: <b>WASHINGTON</b> State/zip (or Country) <b>DC 20007</b>		
4. Contact Name <b>CINDY BLOWNSTEIN</b>	Telephone <b>202-944-3285</b>	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID # <b>4666E</b>
		6. House ID # <b>341170</b>

TYPE OF REPORT 8. Year **2003** Midyear (January 1-June 30)  OR Year End (July 1-Decer)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <b>60,000.-</b> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio.</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(I Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title CINDY BROWNSTEIN, CEO

Registrant Name SPINA BIFIDA ASSN. Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

Reauthorization of individuals w/disabilities Education Act  
Reauthorization of BIRTH DEFECTS PREVENTION ACT  
CREATION OF NAT'L CENTER OF BIRTH DEFECTS & DEV. DISABIL  
AT CDC & NATIONAL PROGRAM OF SPINA-BIFIDA  
HEARING ON BIRTH DEFECTS - SENATE HELP COMMITTEE

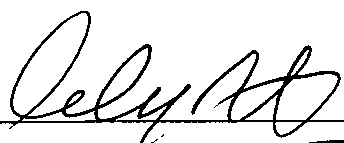
17. House(s) of Congress and Federal agencies contacted  Check if None

SENATE  
HOUSE OF REP.  
CENTER FOR DISEASE CONTROL  
NIH

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

Name	Covered Official Position (if applicable)
CINDY BROWNSTEIN	CEO

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

Signature  Date \_\_\_\_\_

Printed Name and Title CENDY BROWNSTEIN, CEO

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Registrant Name SPINA BIFIDA ASSN. Client Name \_\_\_\_\_

**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

**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 Bus (city and state or cou

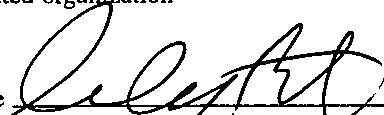
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature  Date \_\_\_\_\_

Printed Name and Title ANDY BROWNSTEIN, CEO

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