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LOBBYING REPORT

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

1. Registrant name			
Organization	Defense Health Advisors Inc		
2. Address <input checked="" type="checkbox"/> Check if different than previously reported			
Address	4000 Fort Worth Ave		
City	Alexandria		
State	VA		
Zip Code	22304		
Country	USA		
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country	Zip Code	Country
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
	Ms. Charlotte Tsoucalas	703/751-6959	
		cltval@aol.com	
5. Senate ID #		11891-22	
7. Client Name <input type="checkbox"/> Self		6. House ID #	
Spectrum Healthcare Resources		3318770	

TYPE OF REPORT 8. Year 2006 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 Aug 31, 2006 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>

Form C

000062948

Printed Name and Title Charlotte Tsoucalas President



Registrant Name Defense Health Advisors Client Name Spectrum Healthcare

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** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Add a page for each issue area by term entered for this issue

<p>NDAA Defense Approps</p>

17. House(s) of Congress and Federal agencies contacted None House Senate Other

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Charlotte	Tsoucalas		

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

3000062949

Printed Name and Title Charlotte Tsoucalas President



Registrant Name Defense Health Advisors Client Name Spectrum Healthcare R.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suff

1 Charlotte Tsoucalas

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

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

1

2

3

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	Owns perce client
	Street Address City State/Province Country	City State Country		

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

1

3

5

2

4

6

Add a page for more info

Printed Name and Title Charlotte Tsoucalas President

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