

LOBBYING REPORT

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

1. Registrant Name
Washington Health Advocates

2. Address Check if different than previously reported
227 Massachusetts Avenue, NE, Suite 300

3. Principal Place of Business (if different from line 2)
 City: Washington State/Zip (or Country): DC 20002

4. Contact Name Telephone E-mail (optional) 5. Senate ID #
Michele Sumilas 202-543-7460

7. Client Name Self 6. House ID #
Franklin Health

TYPE OF REPORT 8. Year 1999 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

<p>12. Lobbying Firms</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 checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> <small>Income (nearest \$20,000)</small></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></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 only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature: Michele Sumilas

Printed Name and Title: Michele Sumilas office manager

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Registrant Name Advocates Client Name Franklin Health

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 Business (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 (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

- 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 Michele Sumilas Date 2/13/2000
 Printed Name and Title Michele Sumilas
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