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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 SENATE

05 FEB 15 AM 11:19

**LOBBYING REPORT**

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

1. Registrant name			
Organization		GainHarris	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		1000 Cannon Building	
City	State	Zip Code	Country
Washington	DC	20515	USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
Washington	DC	20515	USA
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
	Mr. [REDACTED]	[REDACTED]	[REDACTED]
7. Client Name <input type="checkbox"/> Self		5. Senate ID #	
[REDACTED]		[REDACTED]	
6. House ID #		[REDACTED]	
[REDACTED]		[REDACTED]	
TYPE OF REPORT 8. Year <input checked="" type="checkbox"/> 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 <input type="checkbox"/>			
10. Check if this is a Termination Report <input type="checkbox"/> Termination Date [REDACTED]			
11. No Lobbying Activity <input type="checkbox"/>			

**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 checked="" type="checkbox"/> ⇒ \$ 66,000.00</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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ [REDACTED]</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" 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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Form Compl

Printed Name and Title Connie L. Fulton, Executive Director

C. Michael Fulton 2/14/05

Page 1 of

Registrant Name Golin Harris Client Name Home Safety Care

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

also - HHS - Education and VA - HUD  
Information Bills

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

HOUSE  
SENATE

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
<u>Michael</u>	<u>Eubank</u>	<u>Michael</u>	

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

Add a page for a different

Printed Name and Title

LD-2DS (REV/03)

C. Michael Fulton, executive VP  
C - Michael Fulton 2/14/05 Page 2 of 0

Registrant Name Giolin Harris Client Name Home Safety Care

**Information Update Page - Complete ONLY here 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 clients 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	Suf
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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)
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/>

**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	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client
<input type="text"/>	<input type="text"/>	<input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/>	<input type="text"/>

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

1  2  3  4  5  6

Add a page for more updates

C-Michael Fulton 2/14/05