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LOBBYING REPORT

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

1. Registrant Name <u>Kathleen Winn & Associates, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>213 A St. NE</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington DC</u> State/Zip (or Country) <u>20002</u>			
4. Contact Name <u>Kathleen Winn</u>		Telephone <u>(202) 547-3363</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>Hydrogenica Corp.</u>			5. Senate ID # <u>43434</u>
			6. House ID # <u>34157004</u>

TYPE OF REPORT 8. Year 2003 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 10,000
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Kathleen Winn

Printed Name and Title

KATHLEEN WINN President

Registrant Name Kathleen Winn Assoc Inc Client Name Hydrogenics Corp.

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

20. Client new address

N/A

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

N/A

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)
N/A		

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
N/A				

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 Kathleen Winn Date 2/14/09

Printed Name and Title KATHLEEN WINN President

