

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

02 AUG -1 PM 1:47

**LOBBYING REPORT**

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

1. Registrant Name <u>ELIZABETH MULLIN</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>3702 Underwood St</u>			
3. Principal Place of Business (if different from line 2) City: <u>Cherry Chase</u> State/Zip (or Country) <u>Md 20815</u>			
4. Contact Name <u>LIBBY MULLIN</u>	Telephone *	E-mail (optional)	5. Senate ID# <u>5278</u>
7. Client Name <input type="checkbox"/> Self <u>CHILDREN'S DENTAL HEALTH PROJECT</u>			6. House ID# <u>3470</u>

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-D

Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  → Termination Date \_\_\_\_\_

11. No Lobby:

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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> 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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____ Expenses (nearest \$2</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature Elizabeth MullinPrinted Name and Title ELIZABETH MULLIN; Health Care Consul



Registrant Name Elizabeth Mullis Client Name Children's Dental Health

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

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

16. Specific lobbying issues

- S. 1626/HR 3659, The Children's Dental Health Improvement Act
- S. 2202 The Perinatal Dental Health Improvement Act
- S. 998, The Dental Health Improvement Act
- HR 8098, The Children's Access to Oral Health Act
- S. 2766, Labor HHS Appropriations Act

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

US Senate, ~~US House~~, Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
<u>Elizabeth Mullis</u>	<u>Legislative Director, US H</u>
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.....	.....
.....	.....
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.....	.....
.....	.....

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

Signature Elizabeth Mullis Date July 31, 09

Printed Name and Title Elizabeth Mullis, Health care consultant

