

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
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LOBBYING REPORT

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

1. Registrant Name INOVA HEALTH SYSTEM			
2. Address <input type="checkbox"/> Check if different than previously reported 8110 GATEHOUSE ROAD, SUITE 200-east			
3. Principal Place of Business (if different from line 2) FALLS CHURCH VA 22042 USA City: State/zip (or Country)			
4. Contact Name DONALD L. HARRIS	Telephone (703) 289-2069	E-mail (optional) don.harris@inova.com	5. Senate ID # 19434-12
7. Client Name <input checked="" type="checkbox"/> Self INOVA HEALTH SYSTEM			6. House ID # 33177000

TYPE OF REPORT 8. Year _____ 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

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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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">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 checked="" type="checkbox"/> ⇨ \$ <u>60,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature Donald L. Harris Date 03/05/04

Printed Name and Title Don H. Harris - AVP, Government Relations

Registrant Name INOVA HEALTH SYSTEM Client Name INOVA HEALTH SYSTEM

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

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

16. Specific lobbying issues

Health Care Legislation

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

SENATE HOUSE OF REPRESENTATIVE

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

Name	Covered Official Position (if applicable)
HARRIS, DONALD	N/A

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

Signature _____ Date 3/5/04

Signature _____

Printed Name and Title DONALD L. HARRIS ASSISTANT VICE PRESIDENT, GOVERNMENT RELATIONS

Form LD-2 (Rec. 4/03)

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