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## LOBBYING REPORT

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

1. Registrant Name Virginia J. Ainslie			
2. Address <input type="checkbox"/> Check if different than previously reported 3812 North Sixth Road			
3. Principal Place of Business (if different from line 2) Arlington VA 22203 City: State/zip (or Country)			
4. Contact Name Virginia J. Ainslie	Telephone (703) 527-5404	E-mail (optional) vainslie@aol.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self The MetroHealth System			6. House ID #

**TYPE OF REPORT** 8. Year 2004 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"><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 type="checkbox"/> ⇔ \$ <u>10,000.00</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>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitive accounting method.</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Virginia J. Ainslie Date August 12, 2004

Printed Name and Title Virginia J. Ainslie



Registrant Name Virginia J. Ainslie Client Name The MetroHealth 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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Funding for medical research and treatment projects in the FY 2005 House and Senate LHHS appropriations bills

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

House and Senate

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

Name	Covered Official Position (if applicable)
Virginia J. Ainslie	no

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

Signature Virginia J. Ainslie Date Aug 12, 2004  
Printed Name and Title Virginia J. Ainslie



Registrant Name Virginia J. Ainslie Client Name The MetroHealth 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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Funding for high oxygen blood replacement medical research in the FY 2005 House and Senate DOD appropriations bills.

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

House and Senate

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

Name	Covered Official Position (if applicable)
Virginia J. Ainslie	No

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

Signature Virginia J. Ainslie Date Aug 12, 2004  
Printed Name and Title Virginia J. Ainslie



Registrant Name Virginia J. Ainslie Client Name The MetroHealth System

**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 Bu (city and state or cou
None		

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

None

**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
None			

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

None

Signature Virginia J. Ainslie Date Aug 12, 2004

Printed Name and Title Virginia J. Ainslie

