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LOBBYING REPORT

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

1. Registrant Name Golin Harris	
2. Address <input type="checkbox"/> Check if different than previously reported 2200 Clarendon Blvd, Suite 1100	
3. Principal Place of Business (if different from line 2) City: Arlington State/zip (or Country) VA, 22201	
4. Contact Name C. Michael Fulton	Telephone (703) 741-7500
E-mail (optional)	5. Senate ID # 34023
7. Client Name <input type="checkbox"/> Self Council for Adult and Experiential Learning	6. House ID # 32214

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</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">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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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C. Michael Fulton

8/11/04

Signature [Handwritten Signature] Date 0/1/01

Printed Name and Title C. Michael Fulton, Executive VP

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name Golin Harris Client Name Council for Adult and Experiential Learning

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 LBR (one per page)

16. Specific lobbying issues

Funding to continue existing nurse training projects and to initiate new projects.

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

House
Senate
HRSA at HHS

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

Name	Covered Official Position (if applicable)
C. Michael Fulton	
Amand Schroeder	

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

Signature C. Michael Fulton Date 8/11/04

Printed Name and Title C. Michael KUTOR, Executive VP

Form LD-2 (Rec. 4/03)

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