Clear all data

Go to 'For

Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE
06 SEP -6 PM

LOBBYING REPORT

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

1. Registrant name

Organization: MeritCare Health System

2. Address ☐ Check if different than previously reported

Address1: 720 4th Street North

City: Fargo State: ND Zip Code: 58122 Country: USA

3. Principal place of business (if different than line 2)

City State Zip Code Country

City State/Zip or Country

4a. Contact Name (Prefix / Full Name): Ms. Susan Bosak b. Telephone number: 7012346332 c. E-mail: susanbosak@meritcare.com

5. Senate ID #: 285858

7. Client Name ☒ Self

MeritCare Health System

6. House ID #: 36940000

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June30) ☒ 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 ☐ ⇨ $ _____

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 pe were:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $ _____

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 I Revenue Code

FormCon

Printed Name and Title Susan Bosak, Public Affairs Officer

Registrant Name MeritCare Health System Client Name MeritCare Health System

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 HCR - Health Issues (one per page)

16. Specific lobbying issues

None

17. House(s) of Congress and Federal agencies contacted ☐ None ☐ House ☒ Senate ☒ Other

Senator Kent Conrad

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

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Susan	Bosak		

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

5000252954

Registrant Name MeritCare Health System Client Name MeritCare Health System

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

20. Client new address

Address

City | State | Zip Code | Country

21. Client new principal place of business (if different than line 20)

City | State | Zip Code | 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

	First Name	Last Name	Suffix		First Name	Last Name	Suffix
1				3			
2				4			

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

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

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownersh percentag client
		City State Country		

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

1 3 5

2 4 6

Printed Name and Title Susan Bosak, Public Affairs Officer