

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

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LOBBYING REPORT

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

1. Registrant Name Beth Israel Medical Center			
2. Address ☐ Check if different than previously reported c/o Continuum Health Partners, Inc., 555 W. 57th St., New York, NY 10019			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Shelley B. Mayer	Telephone 212-523-4003	E-mail (optional)	5. Senate ID # 52184-12
7. Client Name ☒ Self			6. House ID # 34846-000

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec

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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 ☐	Less than \$10,000 ☐
\$10,000 or more ☐ ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more ☒ ⇒ \$ <u>20,000</u> Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	☒ Method A. Reporting amounts using LDA definition
	☐ Method B. Reporting amounts under section 6011 Internal Revenue Code
	☐ Method C. Reporting amounts under section 162 Internal Revenue Code

Signature 

Printed Name and Title **Shelley B. Mayer, Vice President, Gov't. and Community Affairs**
Filing #1e38eaaf-46a1-4dbd-a58f-6405d7d18686 - Page 1 of 6



Registrant Name Beth Israel Medical Center Client Name _____

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 MMM (one per page)

16. Specific lobbying issues

H.R. 1556 (American Hospital Preservation Act of 2001)

S.839 (American Hospital Preservation Act of 2001)

H.R.1436 (Nurse Reinvestment Act)

S. 706 (Nurse Reinvestment Act)

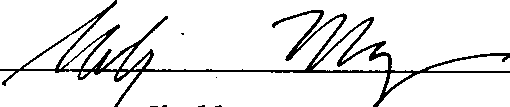
S.743 (Medical Education Trust Fund Act of 2001)

17. House(s) of Congress and Federal agencies contacted ☐ Check if None
Senate, House of Representatives, White House,
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
Shelley B. Mayer	
Barbara King	

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

Signature  Date 8-13-01

Printed Name and Title Shelley B. Mayer, Vice President, Gov't & Community Affairs



Registrant Name Beth Israel Medical Center Client Name _____

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

Thomas J. Hayes

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 co

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

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

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

Signature



Date

8-13-01

