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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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SECRETARY OF THE  
03 AUG 20 AM

## LOBBYING REPORT

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

|                                                                                                                                       |  |                                  |                              |
|---------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|------------------------------|
| 1. Registrant Name<br><u>Beth Israel Medical Center</u>                                                                               |  |                                  |                              |
| 2. Address: <input type="checkbox"/> Check if different than previously reported<br><u>410 Continuum Health Partners - 555 W 57th</u> |  |                                  |                              |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>N.Y.</u> State/zip (or Country) <u>NY 10019</u>                 |  |                                  |                              |
| 4. Contact Name<br><u>Barbara King</u>                                                                                                |  | Telephone<br><u>212-523-5367</u> | E-mail (optional)            |
| 7. Client Name <input checked="" type="checkbox"/> Self                                                                               |  | 5. Senate ID #<br><u>52184</u>   | 6. House ID #<br><u>3484</u> |

TYPE OF REPORT 8. Year 2003 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"/> ⇨ \$ _____<br/>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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br/>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 checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</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> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Barbara King*

Date 8/11/03

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Barbara King Director - Govt. Aff

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Beth Israel Med. Ctr. Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the client engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 1710/5899 - The American Hospital Preservation Act  
HR 5/5607 - Medical Liability Reform

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

Senate  
House of Representatives

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

Name  
Barbara King

Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

2

Registrant Name Beth Israel Med. Ctr. 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

Shelley Mayer

**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 Business<br>(city and state or country) |
|----------|----------|------------------------------------------------------------|
| <u>/</u> | <u>/</u> | <u>/</u>                                                   |

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<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|----------|----------|------------------------------------------------------------|---------------------------------------------------|
| <u>/</u> | <u>/</u> | <u>/</u>                                                   | <u>/</u>                                          |

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

Signature Bruce K... Date 8/11/03

Printed Name and Title Director - Govt. Affairs

Form 1 D-2 (Rev. 4/03)

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