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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 2/7/2003

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Jacobs & Company/Public Affairs

Address 2401 Creston Drive

City Los Angeles State CA Zip 90068

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(323) 463-8992 Contact Stephen Jacobs E-mail (optional) stephenajac

6. General description of registrant's business or activities

Government Affairs

CLIENT

A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name Valley Health System

Address 1117 East Devonshire Avenue

City Hemet State CA Zip 92543

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

California Local Health District

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Stephen A. Jacobs	

Registrant Name Jacobs & Company/Public Affairs Client Name Valley Health System

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

BUD HCR

12. Specific lobbying issues (current and anticipated)

Emergency medical delivery and related medical and clinical services

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the re a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying ac

☐ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity m the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or coun

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or su activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the of the lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eacl matching the criteria above, then sign ar registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature [signature] Date 02/07/2003

Printed Name and Title Stephen A, Jacobs, President

