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LOBBYING REPORT

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

1. Registrant Name <u>Beth Israel Medical Center</u>			
2. Address ☐ Check if different than previously reported <u>555 West 57th - 5th floor</u>			
3. Principal Place of Business (if different from line 2) City: <u>NY</u> State/Zip (or Country) <u>NY</u> <u>10019</u>			
4. Contact Name <u>Barbara King</u>		Telephone <u>212-523-5367</u>	E-mail (optional) <u>BKing@CHSNET.ORG</u>
5. Senate ID # <u>52184-</u>		6. House ID #	
7. Client Name ☐ Self <u>Beth Israel Medical Center</u>			

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☐ OR Year End (July 1-Decer

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 ☐ ⇒ \$ _____ 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 6033(e) Internal Revenue Code
	☐ Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Barbara King



Printed Name and Title Barbara King - Director

LD-2 (REV. 6/98)

PAT

Registrant Name Beth Israel Client Name Beth Israel

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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

President Bush's proposed Medicare budget

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

☐ Check if None

House of Rep
US Senate

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

Name	Covered Official Position (if applicable)
<u>Barbara King</u>	<u>NA</u>

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

☒ Check if None

Signature

Barbara King

Date

9/15/06



Printed Name and Title Paul Wara King - Director

Form LD-2 (Rev. 6/98)

Page 1

Registrant Name Beth Israel Client Name Beth Israel Med

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

20. Client new address

NA

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

City

NA

State/Zip (or Country)

22. New general description of client's business or activities

NA

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

NA

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

NA

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busin (city and state or coun
	<u>NA</u>	

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

NA

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	O pe cl
	<u>NA</u>			

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

Signature

[Signature]

Date

9/16/06

Printed Name and Title Barbara King - Director

Form LD-2 (Rev. 6/98)

Page 2