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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--555 west 57th street--5th floor			
3. Principal Place of Business (if different from line 2) New York City:		New York 10019 State/zip (or Country)	
4. Contact Name Barbara King	Telephone (212) 523-5367	E-mail (optional)	5. Senate ID # 52184-12
7. Client Name ☒ Self			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☐

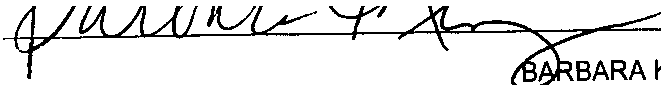
9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date _____

11. No Lobbying ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 ☐ \$10,000 or more ☐ ⇨ \$ _____ Income (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).	13. Organizations EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 ☒ \$10,000 or more ☐ ⇨ \$ _____ Expenses (nearest \$20,000) 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 Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Signature  Date 2-9-03

Printed Name and Title BARBARA KING

LD-2 (REV. 4/03)

PAGE 1 c

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

HR 1- MEDICARE, PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003

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

☐ Check if None

SENATE
HOUSE OF REPRESENTATIVES

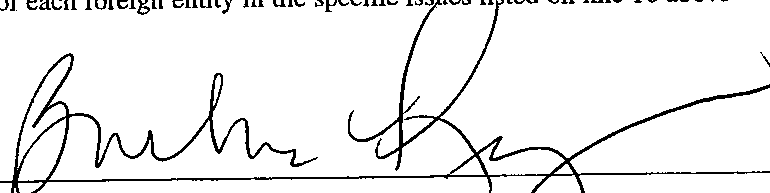
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
BARBARA KING	

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

☒ Check if None

Signature



Date 2-6-04

Printed Name and Title BARBARA KING U

Form LD-2 (Rev. 4/03)

Page 2

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

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 Bu (city and state or cou
_____	_____	_____

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 registrant, affiliated organization _____

Signature _____

Date 2-9-04

Signature

Printed Name and Title BARBARA KING

Form LD-2 (Rev. 4/03)

Page

3