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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	Telephone	E-mail (optional)	5. Senate ID #
Barbara King	(212) 523-5367		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-Dece

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 Lobbyin

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 ex accounting method. See instructions for description of o

☑ **Method A.** Reporting amounts using LDA definiti

☐ **Method B.** Reporting amounts under section 6033 Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(Internal Revenue Code

Signature _____ Date 2-9-03

Printed Name and Title BARBARA KING

LD-2 (REV. 4/03)

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 cod** 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

Form LD-2 (Rec. 4/03)

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 activites

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)