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LOBBYING REPORT

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

1. Registrant name

Organization: Children's Hospital Boston

2. Address ☐ Check if different than previously reported

Address1: 300 Longwood Avenue

City: Boston State: MA Zip Code: 02115 Country: U

3. Principal place of business (if different than line 2)

City State Zip Code Country

City State/Zip or Country

4a. Contact Name Prefix	Full Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms.	M. Laurie Cammisa	617-355-6090	laurie.cammisa@childrens.harvar.	9066-1

7. Client Name ☒ Self

Children's Hospital Boston

6. House ID # 315420

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June30) ☐ OR Year End (July 1-Decemb

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 Ac

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 ☐ ⇨ $ _____

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 reporti were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ 80,000

14. REPORTING METHOD. Check box to indicate ex accounting method. See instructions for description of op

☒ **Method A.** Reporting amounts using LDA definitions

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

☐ **Method C.** Reporting amounts under section 162(e) o Revenue Code

Form C

Printed Name and Title: M. Laurie Cammisa, Vice President for Child Advocacy

Go t

Registrant Name Children's Hospital Boston Client Name Children's Hospital Boston

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

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

General health issues related to children and providers of care to children.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

Senate and House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue additing lobbyists fo*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
M. Laurie	Cammisa		
Joshua	Greenberg		
Ann	Langley		

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Add a page for a diff

Go to

Registrant Name Children's Hospital Boston Client Name Children's Hospital Boston

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

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code 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

First Name	Last Name	Suffix	First Name	Last Name
1			3	
2			4	

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Busin (city and state or coun
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

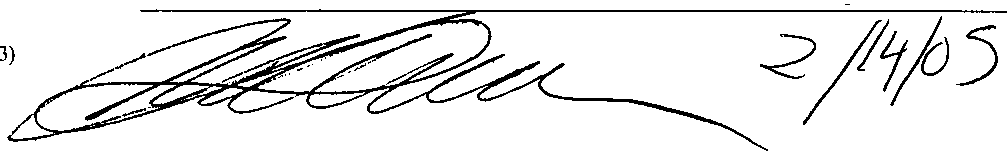
Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O pe cl
		City State Country		

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

1	3	5
2	4	6

Add a page for more

Printed Name and Title M. Laurie Cammisa, Vice President for Child Advocacy



2/14/05