Clear all data an

Go to 'Form (

SECRETARY OF THE SEN
06 AUG 24 AM 10:50

Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

LOBBYING REPORT

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

1. Registrant name

Organization: Beth Israel Medica Center

2. Address ☐ Check if different than previously reported

Address1: 555 west 57th street 5th floor

City: New York State: NY Zip Code: 10019 Country: USA

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

City: NA 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.	Barbara King	212--523-5367	bking@chpnet	52184-12

7. Client Name ☒ Self

Beth Israel Medica Center

6. House ID #

TYPE OF REPORT

8. Year 2006 Midyear (January 1-June30) ☒ 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 Activity ☐

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 reporting perio were:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $ _____

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

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

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Inter Revenue Code

Form Complet

Printed Name and Title Barbara King

Registrant Name Beth Israel Medica Center Client Name Beth Israel Medica Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regis engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** pro 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*

Medicare proposed budget

17. House(s) of Congress and Federal agencies contacted ☐ None ☒ House ☒ Senate ☐ Other

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

Name			Covered Official Position (if applicable)	N
First Name	Last Name	Suffix		
Barbara	King	Ms	NA	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

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

Add a page for a different iss

10002516943

Printed Name and Title Barbara King

Registrant Name Beth Israel Medica Center Client Name Beth Israel Medica Center

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	Suffix
1	na			3		
2				4		

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
na	Address C/S/Z Address C/S/Z	City State Country City State

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

1 na 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	Ownership percentage client
na		City State Country		

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

1	na	3		5	
2		4		6	

Add a page for more updates

Printed Name and Title Barbara King

900025104