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Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
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 Medical Center

2. Address ☐ Check if different than previously reported

Address1: 555 West 57th street

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.org	52184-12

7. Client Name ☒ Self

Beth Israel Medical Center

6. House ID #

60000373456

TYPE OF REPORT 8. Year _____ 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 Activit

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 p were:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $ _____

14. REPORTING METHOD. Check box to indicate expens accounting method. See instructions for description of option

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

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

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

Form Cor

Printed Name and Title: Barbara King Director of Government Affairs

Registrant Name Beth Israel Medical Center Client Name Beth Israel Medical Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

75% rule
Changes in wage index
Medical malpractice reform
Medicaid reform

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

Senate
House

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

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

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

Add a page for a differen

Printed Name and Title Barbara King Director of Government Affairs

Registrant Name Beth Israel Medical Center Client Name Beth Israel Medical 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			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)
	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 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	Ownersh percentag client
		City State Country		

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

1	3	5
2	4	6

Add a page for more updat

Printed Name and Title Barbara King Director of Government Affairs

LD-2DS (REV. 4/03)