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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 1-29-02

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name JACOBS & Company / Public AFFAIRS

Address 2401 CRESTON DR

City LOS ANGECES State CA Zip 90068

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

323 463 8992 Contact STEPHEN JACOBS E-mail (optional) STEPHENAJACOBS CS

6. General description of registrant's business or activities

Public AFFAIRS CONSULTING

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name MISSION COMMUNITY HOSPITAL

Address 14850 ROSCOE BLVD

City PANORAMA City State CA Zip 91402

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

COMMUNITY HOSPITAL

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years before acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
STEPHEN A JACOBS	

Form LD-1 (Rev. 06/98)

[redacted]

Registrant Name _____ Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCR EDU DRB

12. Specific lobbying issues (current and anticipated)

Federal partnership for model community heal
& wellbeing center, & family medical servic
& education

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the regi
a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying acti

☒ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity mat
the criteria above, then proceed to line 14

Name	Address	Principal Place of Busines (city and state or country

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or sub
activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the o
of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each e
matching the criteria above, then sign and
registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ov per in

Signature Stephen A Jacobs Date 1/29/02

Printed Name and Title STEPHEN JACOBS PRES

Form LD-1 (Rev. 06/08)

[redacted]