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# LOBBYING REPORT

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

1. Registrant name <b>Sisters of Charity of Leavenworth Health System</b>			
2. Address <input type="checkbox"/> Check if different than previously reported			
9801 Renner Blvd		Suite 100	
Lenexa	KS	66219	US
3. Principal place of business (if different than line 2)			
City		State/Zip or Country	
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. Cynthia Smith	913-895-2946	cynthia.smith@sclhs.net	294655-1
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
Sisters of Charity of Leavenworth Health System			3740400


**TYPE OF REPORT** 8. Year 2006 Midyear (January 1-June 30)  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	
<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exper accounting method. See instructions for description of optio</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions on</p> <p><input checked="" type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of th Revenue Code</p>

Edit Form >

Signature  Date 8/1/06

Printed Name and Title Cynthia Kay Smith, JD, Advocacy Counsel

0000190217



Registrant Name Sisters of Charity of Leavenworth Health System

Client Name Sisters of Charity of Leavenworth Health System

**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 code** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H. 4157 Health Information Technology Promotion  
S 3454 Independent Health Record Bank  
Medicare/Medicaid  
Specialty hospitals  
Tax-exempt hospitals  
Transparency

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

[Empty box for listing contacted House(s) of Congress and Federal agencies]

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Cynthia Smith	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature *Cynthia Kay Smith* Date 8/1/06  
Printed Name and Title Cynthia Kay Smith, JD, Advocacy Counsel



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