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LOBBYING REPORT

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

1. Registrant Name Greater New York Hospital Association			
2. Address <input type="checkbox"/> Check if different than previously reported 555 West 57th Street			
3. Principal Place of Business (if different from line 2) City: New York State/Zip (or Country): New York 10019			
4. Contact Name Lee H. Perlman, Senior Vice President & CFO, (212) 506-5433		5. Senate ID # 16830	
7. Client Name <input checked="" type="checkbox"/> Self		6. House ID #	

TYPE OF REPORT 8. Year 1999 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 _____

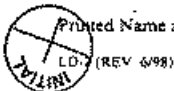
11. No Lobbying Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000) 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 period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 420,000 Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature _____

Printed Name and Title Lee H. Perlman, Senior Vice President, Administration & CFO



PAGE 1 of _____

Greater New York

Registrant Name Hospital Association Client Name Self

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

15. General issue area code 0000 (one per page)

16. Specific lobbying issues

Balanced Budget Act Implementation - Medicare, Medicaid (P.L. 105-33)
Graduate Medical Education (no specific action)
Medical Compliance Issues (no specific action)
FY00 Budget Issues (no specific action)
Balanced Budget Refinement Act (P.L. 106-113)

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

Senate
House of Representatives
Health and Human Services Department, Health Care Financing Administration
Housing and Urban Development - Federal Housing Administration

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

Name	Covered Official Position (if applicable)	New
Kenneth E. Raske, President		<input type="checkbox"/>
David C. Rich, VP Government Affairs		<input type="checkbox"/>
Barbara King, Asst. Dir. Gov't Affairs		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature



Date

2/14/00

Printed Name and Title Lee H. Perlman, Senior Vice President, Administration & CFO

Registrant Name Hospital Association Client Name Self

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

15. General issue area code HOU (one per page)

16. Specific lobbying issues

Hospital, Nursing Home Mortgage Insurance (no specific bill or executive action)

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

Senate
House of Representatives
Health and Human Services Department, Health Care Financing Administration
Housing and Urban Development - Federal Housing Administration
Office of Management and Budget

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

Name	Covered Official Position (if applicable)	New
Kenneth E. Raske, President		<input type="checkbox"/>
David C. Rich, VP Government Affairs		<input type="checkbox"/>
Barbara King, Asst. Dir. Gov't Affairs		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 8/14/00

Printed Name and Title Lee H. Perlman, Senior Vice President, Administration & CFO

Greater New York
Registrant Name Hospital Association Client Name Self

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

20. Client new address

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

City _____ State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

HCR

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

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

Signature _____

Date _____

2/14/00

Printed Name and Title Lee H. Perlman, Senior Vice President, Administration & CEO

Form LD-2 (Rev. 6/98)

Page _____ of _____