

**Metropolitan  
Anesthesia Network**

JAMES J. SIEBEN  
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14700 28th Avenue North, Suite 20  
Plymouth, MN 55447

RECEIVED  
SECRETARY OF PUBLIC RECORDS  
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August 7, 2000

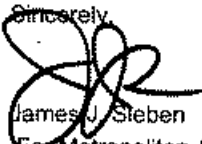
Secretary of the Senate  
Office of Public Records  
232 Hart Office Building  
Washington, DC 20510

Dear Sir or Madam:

Transmitted herewith for filing please find Form LD-2, Lobbying Report, for Metropolitan Anesthesia Network, L.L.P. Questions or comments may be referred to the undersigned.

Thank you.

Sincerely,



James J. Sieben  
For Metropolitan Anesthesia Network, L.L.P.

Encs/as

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

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### LOBBYING REPORT

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

1. Registrant Name <i>Metropolitan Anesthesia Network, LLP</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>14700 28th Ave N, Ste 20, Plymouth, MN 55447</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <i>James J. Sieben</i>	Telephone <i>612 557 3779</i>	E-mail (optional) <i>jsieben@comcast.com</i>	5. Senate ID # <i>4384472</i>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <i>340000</i>		

TYPE OF REPORT 8. Year 2000 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

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<b>12. Lobbying Firms</b> 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).	<b>13. Organizations</b> 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"/> ⇒ \$ <u>20,000</u> Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" 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

Signature \_\_\_\_\_

Printed Name and Title

*James J. Sieben, Staff Attorney*

LD-2 (REV. 6/98)

PAGE 1 of 2

Registrant Name Metropolitan Anesthesia Network LLP 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 MMM (one per page)

16. Specific lobbying issues

HCFA proposed rules - physician supervision of non physician  
confidentiality, discontinuous anesthesia, patient safety,  
Congressional legislation - Patient Bill of Rights, medical  
records confidentiality, medical errors, Stark Revisions,  
anti-trust exemptions, Anesthesia Outcomes Study

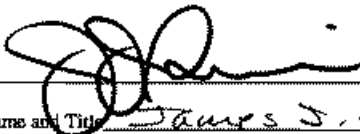
17. House(s) of Congress and Federal agencies contacted  Check if None

House  
Senat  
HCFA

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

Name	Covered Official Position (if applicable)	New
<u>James J. Sieben</u>	<u>N/A</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<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 8/7/00  
 Printed Name and Title James J. Sieben, Staff attorney