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06 JAN -6 PM 12: 14

## **LOBBYING REPORT**

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

Organization Solomont Bailis Ventures, LLC			
2. Address Check if different than previously reported	.t		
One Gateway Center, Suite 902			
et Maudan	MA Zip Code 02458	- 440	
HILITANA AND AND AND AND AND AND AND AND AND	Zip Cods 02-750	Country US	
3. Principal place of business (if different than line 2)  City			
City	Zip Code VZip or Country	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
Mr. Alan D. Solomont 617-630-8081 ad	s@sb-ventures.com	51137-36	
7. Client Name Scif  Boston Medical Center		6. House ID#	
DOSWIT MEDICAL CHILLER		34746000	
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms		izations	
	12 OR Line 13	izations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac were:	ctivities for this reporting	
Lèss than \$10,000 🔲	Less than \$10,000		
\$10,000 or more 🗷 🖒 \$	\$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	14. REPORTING METHOD. Che accounting method. See instruction	eck box to indicate expens s for description of option	
payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definitions only		
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payments to the registrant by any other entity for lobbying activities on behalf of the client).	· _	is under section 6033(b)(8) a	
payments to the registrant by any other entity for lobbying	Method B, Reporting amount Internal Revenue	us under section 6033(b)(8) o	
payments to the registrant by any other entity for lobbying	Method B. Reporting amount Internal Revenue  Method C. Reporting amount	is under section 6033(b)(8) c Code	
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of payment issue. oriation.	<i>γ</i> .	
ongress and Feder	al agencies contact	ted Check if None
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	individual who act  Name  Last Name  Solomont	of payment issue. priation.  ongress and Federal agencies contact essentatives  individual who acted as a lobbyist in  Name Last Name Suffix Solomont

LD-2DS (REV. 4/03)

Registrant Name Solomont Bailis Ventures, LLC

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

Client Name Boston Medical Center

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Nome and T'O Al D O	. <b>.</b>
Name and Title Alan D. Solomont, Managing Member	

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code,

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0000021072

Information Upd: 20. Client new address	ate Page	- Complete ONLY	where regis	tration info	mation has chan	ged.
Address				-		
City			<b>.</b>			
21. Client new principa	I place of hu	siness (if different them	State	Zip Code	Cou	inlry
City						
22. New general descrip	tion of clien	t's business or activities	State	Zip Code	Cou	n <b>try</b> 
	<u> </u>					
LOBBYIST UPDA	TE .					<del></del>
23. Name of each prev	iously repo	rted individual who is	s no langer ex	epected to act	as a lobbyist for the	client
	D-41 [140]	Suffix	·	izz Name	Last Name	Sufi
2			3			
			4			
ISSUE UPDATE						
24. General lobbying i	ssues that n	o longer pertain	Fin	id the code to	select below.	
1		G Postan				
		<u> </u>				
AFFILIATED ORG	ANIZAT	IONS				
25. Add the following a	affiliated or	ganization(s)				
Name			Address		Principal place of	Business
***************************************	***************************************	**************************************		******************************	(City and state or	country)
	,	Address			City	
·	•	C/S/Z Address	•		State Cor	ильту
	, I	C/S/Z	•	Į	City	
26. Name of each previ	ously repor	ted organization than			State	
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FOREIGN ENTITIE						_
27. Add the following for	oreign entiτi	cs				
Name	Stroot Address	Address	Principal plac	e of business	Amount of contribution	Owners
	City	State/Province Country	(city and star	3 OF COUNTRY)	for lobbying activities	percent:
		' 	City		***************************************	
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	•		State C	'A		
8. Name of each previous	SIV reported t	Forgion a-titudhaan 1	Slate C	Country		
8. Name of each previous affiliated organization	sly reported t	foreign entity that no lo		Country Controls, <u>or</u> is a	filiated with the regis	trant, clie
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