

07 JAN 22 PM 3:33

|   |  |
|---|--|
| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

# LOBBYING REPORT

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

|   |  |
|---|--|
| 1. Registrant name  |  |
| Organization  | Strategic Health Care                          |
| 2. Address <input type="checkbox"/> Check if different than previously reported |  |
| Address 1   | 1201 Pennsylvania Avenue, NW 5th Floor         |
| City  | Washington State DC Zip Code 20004 Country USA |
| 3. Principal place of business (if different than line 2)                       |  |
| City  | State Zip Code Country                         |
| City State/Zip or Country   |  |
| 4a. Contact Name  | b. Telephone number                            |
| Prefix Full Name  | c. E-mail                                      |
| Mr. Paul Lee  | 202-626-6872 plee@shcare.net                   |
| 5. Senate ID #  | 285255-259                                     |
| 7. Client Name <input type="checkbox"/> Self                                    | 6. House ID #                                  |
| Southeastern Ohio Medical Center  | 36694081                                       |

**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 Activities

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

|  |  |
|--|--|
| <p align="center"><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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|--|--|

Form Co

Printed Name and Title Paul Lee, Senior Partner

1000012750



Registrant Name Strategic Health Care

Client Name Southeastern Ohio Medical Center

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

Appropriations - Project adding electronic health record technology

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

House and Senate

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

*Add a page to continue auditing lobbyists for this issue*

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| Paul       | Lee               |        |   |
| Doyce      | Boesch            |        |   |
| Robert     | Doyle             |        |   |
| Dianna     | Doyle             |        |   |
| Robert     | Horne             |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |

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

*Add a page for a different issue*

1000012751



Registrant Name Strategic Health Care Client Name Southeastern Ohio Medical Center

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffi

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|---|
|      | Address | City  |
|      | C/S/Z   | State   |
|      | Address | Country   |
|      | C/S/Z   | City  |
|      |         | State   |

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

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Street Address | Address        | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Owns percent client |
|------|----------------|----------------|---|--|---------------------|
|      | City           | State/Province | Country   |  |                     |
|      |                |                | City  |  |                     |
|      |                |                | State   |  |                     |
|      |                |                | Country   |  |                     |

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

1

3

5

2

4

6

Add a page for more up

Printed Name and Title Paul Lee, Senior Partner

0000012752

