

SECRETARY OF THE SENATE

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THE CLEVELAND CLINIC
FOUNDATION



August 14, 2000

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Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, D.C. 20510

Dear Sir/Madam:

Enclosed for filing please find the Mid Year (January 1 – June 30) Lobbying Registration Form LD-2 for The Cleveland Clinic Foundation. Please date stamp the enclosed copy and return it to me in the enclosed envelope. ✓

Thank you for your attention to this matter.

Very truly yours,

Lisa E. Maher
Legal Assistant

Enclosures

L00-005

9500 Euclid Avenue, Cleveland, Ohio 44195

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

SECRETARY OF THE SENATE
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LOBBYING REPORT


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

1. Registrant Name The Cleveland Clinic Foundation			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 9500 Euclid Avenue, M-14			
3. Principal Place of Business (if different from line 2) City: Cleveland State/Zip (or County) Ohio 44195			
4. Contact Name David W. Rowan	Telephone 216/444-2340	E-mail (optional)	5. Senate ID# 9498-12
7. Client Name <input type="checkbox"/> Self			6. House ID# 31741000

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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>13. Organizations</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 checked="" type="checkbox"/> ⇒ \$23,438 <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature 
 Printed Name and Title John D. Clough, M.D.
 Director, Health Affairs

LD-2 (REV. 6/98) PAGE 1 of 4

Registrant Name The Cleveland Clinic Foundation Client Name _____

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 MED (one per page)

16. Specific lobbying issues

Medical/Disease Research/ Clinic Labs
FY 2001 Department of Defense Appropriations Act 4576

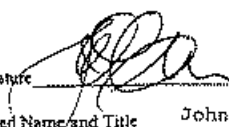
17. House(s) of Congress and Federal agencies contacted Check if None

Department of Defense, US Senate & US House of Representatives

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

Name	Covered Official Position (if applicable)	New
Jack A. Licate		<input type="checkbox"/>
Leonard J. Marquez		<input type="checkbox"/>
Virginia Ainslee		<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 8/11/00
Printed Name and Title John D. Clough, M.D.
Director, Health Affairs

The Cleveland Clinic
Registrant Name Foundation Client Name _____

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 HCR (one per page)

16. Specific lobbying issues

Graduate Medical Education
Medical Records Privacy
Medicare

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

U.S. Senate & U.S. House of Representatives

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

Name	Covered Official Position (if applicable)	New
Dan Nickelson		<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 8/11/00

Printed Name and Title John D. Clough, M.D.
Director, Health Affairs

Registrant Name _____ Client Name _____

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

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

8/11/00

Printed Name and Title John D. Clough, M.D.

Form LD-2 (Rev. 6/98)

Director, Health Affairs

Page A of A