

RECEIVED  
 SECRETARY OF THE SENATE  
 07 JAN 22 PM 3:31  
Go to Form

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
---	--

## 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	2201 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	c. E-mail
Prefix	Full Name		
Mr.	Paul Lee	202-626-6872	plee@shcare.net
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
LifePath Hospice & Palliative Care			285255-1054
			6. House ID #
			36694044

**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 Activity

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

<p><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>50,000</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><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 Con

Printed Name and Title Paul Lee, Senior Partner

1000012677



Registrant Name Strategic Health Care Client Name LifePath Hospice & Palliative Care

**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,** 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*

Health Care Funding and Appropriations

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 adding lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Paul	Lee		
Doyce	Boesch		
Marian	Lowe		
Michael	Romansky		
Jessica	Roth		
Robert	Horne		
Margaret	Tighe		
Lauren	Ridenour		

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

*Add a page for a differen.*

Printed Name and Title **Paul Lee, Senior Partner**

3000012578



Registrant Name Strategic Health Care Client Name LifePath Hospice & Palliative Care

**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

Michael Romansky

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 C/S/Z	City State Country
	Address 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 City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own percent 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

1

3

5

2

4

6

Printed Name and Title Paul Lee, Senior Partner

0000012679

