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## LOBBYING REPORT

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

1. Registrant Name Strategic Health Care			
2. Address <input type="checkbox"/> Check if different than previously reported 230 2nd Street, S.E.			
3. Principal Place of Business (if different from line 2) Washington D.C., 20003 City: State/zip (or Country)			
4. Contact Name Paul Lee	Telephone (202) 276-5380	E-mail (optional)	5. Senate ID # 285255-12
7. Client Name <input type="checkbox"/> Self TMC HealthCare			6. House ID # 36694005

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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 Lobbyin

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000.00</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this report period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small>
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>14. REPORTING METHOD.</b> Check box to indicate ex accounting method. See instructions for description of <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti</li> <li><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code</li> <li><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c Internal Revenue Code</li> </ul>

Signature \_\_\_\_\_



Date

8-13-04

Printed Name and Title

Paul Lee, Senior Partner

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LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name Strategic Health Care Client Name TMC HealthCare

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each co** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Health Care Funding


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

Name	Covered Official Position (if applicable)
Paul Lee	
Doyce Boesch	

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

Signature  Date 8-13-04

