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07 JUL 30 AM LOBBYING REPORT

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

1. Registrant name Artemis Strategies			
2. Address <input type="checkbox"/> Check if different than previously reported			
10 G Street, NE		Suite 601	
Washington		DC	20002 US
3. Principal place of business (if different than line 2)			
City		State/Zip or Country	
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Mr. Ari Storch	202-783-1080	astorch@artemisdc.com	82990-91
7. Client Name <input type="checkbox"/> Self			6. House ID #
Metro Hospital			36401003

TYPE OF REPORT 8. Year 2007 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exper accounting method. See instructions for description of optic</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of t Revenue Code</p>

Senate Password

Signature Ari E Storch Date 7/30/2007

Printed Name and Title Ari Storch, Co-Chairman

1000070894

Digitally signed by Ari E Storch
DN: cn=Ari E Storch, o=ARTEMIS STRATEGIES, email=Ari.Storch@artemisdc.com, c=US
Reason: 3.5.2942 (RFC2539) 1.1-40106600001005A5E2AC40000004
Date: 2007.07.30 16:42:38 -0400

Registrant Name Artemis Strategies Client Name Metro Hospital

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Reimbursement Issues for Hospitals

17. House(s) of Congress and Federal agencies contacted None House Senate Other

CMS
HHS

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

Name	Covered Official Position (if applicable)
Ari Storch	
Timothy Powers	
Joe Davis	
Jim Dornan	
John Van Fossen	
Courtney Healey	

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

Signature _____ Date 7/30/2007

Printed Name and Title Ari Storch, Co-Chairman

2000070895



Registrant Name Artemis Strategies Client Name Metro Hospital

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

20. Client new address

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

City _____ State/Zip _____

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

Ryan Modlin
Cathy Caponi

ISSUE UPDATE

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)

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	Ow per clie

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

Signature _____ Date 7/30/2007

Printed Name and Title Ari Storch, Co-Chairman

0000070896

