

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 Greenlee Partners, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 444 North Capitol Street N.W., Suite 821, Washington, DC 20001			
3. Principal Place of Business (if different from line 2) Harrisburg PA 17101 City: State/zip (or Country)			
4. Contact Name Courtney Harris	Telephone (202) 347-0546	E-mail (optional) courtney@greenleepartners.com	5. Senate ID # 79995
7. Client Name <input type="checkbox"/> Self Barnes Kasson Community Hospital			6. House ID # 32412

TYPE OF REPORT 8. Year 2005 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 ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature C Harris

Date 7/28/05

Courtney Harris, Senior Associate



Printed Name and Title _____

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name Greenlee Partners , LLC Client Name Barnes Kasson Community Hospital

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

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

16. Specific lobbying issues

Labor/HHS/Education Appropriations

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

House of Representatives
Senate

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

Name _____

Covered Official Position (if applicable)

Matt Steck

Mary Keenan

Courtney Harris

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

Signature Chase Date 7/28/05

Printed Name and Title Courtney Harris, Senior Associate

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Registrant Name Greenlee Partners, LLC Client Name Barnes Kasson Community Hospital

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 Bus (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

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

Signature C Harris Date 7/28/05

Printed Name and Title Courtney Harris, Senior Associate

