

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
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SECRETARY OF
04 MAR -2

LOBBYING REPORT

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

1. Registrant Name Barry Gottehrer, Gottehrer and Company	
2. Address <input type="checkbox"/> Check if different than previously reported 719 Reboetom Drive, Wilmington, N.C. 28405	
3. Principal Place of Business (if different from line 2) 100 N. Pitt Street, Suite 202 City: Alexandria State/zip (or Country) Va 22314	
4. Contact Name Barry Gottehrer	5. Senate ID # 16590-
Telephone 703-5099187	E-mail (optional) gottehrer@coast.com
7. Client Name <input type="checkbox"/> Self Baystate Health System	6. House ID # 33306

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">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>80,000</u> Income (nearest \$20,000)</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 align="center">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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</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 definition.</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code.</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code.</p>

Signature _____

Date 1/30/04

Printed Name and Title

Barry Gottehrer, President
Filing #7067136f-24d5-4f51-bf7f-a77f3c74b228 - Page 1 of 6

Registrant Name Barry Gottehr, Gottehr and Co. Client Name Baystate Health Sys

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 HCR (one per page)

16. Specific lobbying issues

appropriations; nursing shortage and Medicare reimbursement

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

Both Houses.

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

Name	Covered Official Position (if applicable)
Barry Gottehr	

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

Signature [Signature] Date 1/30/04
Printed Name and Title Barry Gottehr, President

Registrant Name Barry Gottehr, Gottehr and Co. Client Name Baystate Health Syst

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 coun

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	C P C
<i>None</i>				

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

Signature *[Signature]* Date 11/30/04
 Printed Name and Title Barry Gottehr, President

7