Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

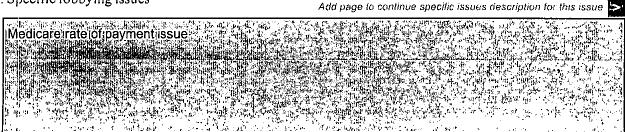
Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



1. Registrant name	
Organization SolomontBallis Ventures: LLC	
2. Address Check if different than previously reported	
One Gateway Center	Suite 902
city Newton State M	MA Zip Code 102458 Country JUSA
3. Principal place of business (if different than line 2)	
City State State/2	Zip Code Country
4a, Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID #
Mr. // Alan D. Solomont 6174630-8081	©sb-ventures com
7. Client Name Self Cambridge Health Alliance	6. House ID # 34746003
YPE OF REPORT 8. Year 2006 Midyear (Janua	ary 1-June30) OR Year End (July 1-December 31)
TIE OT REFORM	
9. Check if this filing amends a previously filed version of this report	
10. Check if this is a Termination Report 🔛 🖒 Termination Date	e 11. No Lobbying Activity
10. Check if this is a Termination Report 🔛 🖒 Termination Date	e 11. No Lobbying Activity
10. Check if this is a Termination Report   Termination Date  INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period	e Windows 11. No Lobbying Activity 12 OR Line 13  13. Organizations
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10. Check if this is a Termination Report   Termination Date  INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   □	11. No Lobbying Activity  12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reporting periowere:
INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   \$10,000 or more   \$\$\Rightarrow\$	11. No Lobbying Activity  12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reporting periowere:  Less than \$10,000
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C,T Odi OV oJ. LI1 O.J (C) (C) (D **LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the regis engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, pro information as requested. Attach additional page(s) as needed.

- 15. General issue area code MMM Medicare/Medicaid (one per page
- 16. Specific lobbying issues



- 17. House(s) of Congress and Federal agencies contacted Check if None
- 18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue additing lobbyists for this issu

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a different issu-

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LD-2DS (REV. 4/03)

Page \_2 \_ of \_

Registrant Name Sc	Client Name Cambridge Health Alliance						
		Complete ONLY w	here registrat	ion inforn	nation has change	d.	
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			State State	Zip Code 🖔	Countr	y the land	
		s business or activities					
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23. Name of each	h previously repor	ted individual who is I	no longer expec	eted to act as	s a lobbyist for the cli	ient suffix	
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2			4				
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一					Property of the state of the st	300	
	ORGANIZATI						
25. Add the following affiliated org		· · Address			Principal place of Business (city and state or country)		
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and the second s	The state on the Springer Life	Address			City		
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26. Name of each		ted organization that is	s no longer affi		he registrant or clien	t	
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FOREIGN EN	TITIES wing foreign entit	ies					
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	City	State/Province Country	(orly and order o		To roog ing add this	client	
			City				
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		foreign entity that no lo	nger owns, <u>or</u> co	ntrols, <u>or</u> is	affiliated with the regis	trant, client	
affiliated organ	izativii	[3]		5			
<u> </u>		4		6			
ت		<b>ت</b>			Add a page for	more updates	

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