

Clerk of the House of Representatives Legislative Resource Center D-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 THE SENATE
06 SEP -7 PM 2:05

LOBBYING REPORT

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

1. Registrant name			
Organization		SolomontBailis Ventures, LLC	
2. Address <input type="checkbox"/> Check if different than previously reported			
One Gateway Center		Suite 902	
City	Newton	State	MA Zip Code 02458 Country USA
3. Principal place of business (if different than line 2)			
City		State	Zip Code Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Alan D. Solomont	617-630-8081	ads@sb-ventures.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Cambridge Health Alliance			51137-51
			6. House ID #
			34746003

TYPE OF REPORT 8. Year 2006 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 Activity ☐

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"/> ⇒ \$ 30,000</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>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"/> ⇒ \$</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 definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complete

Printed Name and Title Alan D. Solomont



Registrant Name SolomontBallis Ventures, LLCClient Name Cambridge Health Alliance

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Medicare rate of payment issue

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

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18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issue

Name			Covered Official Position (if applicable)	N
First Name	Last Name	Suffix		
Alan	Solomont			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Add a page for a different issue

0000252225



Printed Name and Title Alan D. Solomon

LD-2DS (REV. 4/03)

Page 2 of

Registrant Name SolomontBallis Ventures, LLCClient Name Cambridge Health Alliance**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

Find the code to select below

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)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

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	Ownership percentage client
	Street Address			
	City State/Province Country	City		
		State Country		

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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title Alan D. Solomont

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