

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

SECRET  
06 SEP

## LOBBYING REPORT

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

### 1. Registrant name

Organization

SolomontBallis Ventures, LLC

### 2. Address



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

Prefix

Full Name

Mr.

Alan D. Solomont

### b. Telephone number

617-630-8081

### c. E-mail

ads@sb-ventures.com

### 5. Senate ID #

51137-51

### 7. Client Name



Self

Boston Medical Center

### 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

#### 12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000



\$10,000 or more



\$ 60,000

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).

#### 13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000



\$10,000 or more



\$

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.



Method A.

Reporting amounts using LDA definitions only



Method B.

Reporting amounts under section 6033(b)(8) of the Internal Revenue Code



Method C.

Reporting amounts under section 162(e) of the Internal Revenue Code

Form Complete

Printed Name and Title Alan D. Solomont



Registrant Name SolomontBallis Ventures, LLCClient Name Boston Medical Center

**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  
Federal Appropriation

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

Senate  
House of Representatives

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)
First Name	Last Name	Suffix	
Alan	Solomont		

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



Registrant Name SolomontBailis Ventures, LLCClient Name Boston Medical Center**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 UPDATE****23. 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

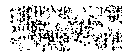
3

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 update

Printed Name and Title Alan D. Solomont

