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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 SENAT
03 FEB 24 PM 3:4

LOBBYING REPORT

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

1. Registrant Name
Chambers Associates, Inc.

2. Registrant Address ☐ Check if different than previously reported
Address **805 15th Street, NW, Suite #500**
City **Washington** State/Zip (or Country) **DC 20005** **USA**

3. Principal Place of Business (if different from line 2)
City State/Zip (or Country)

4. Contact Name **William Signer** Telephone E-mail (optional)

5. Senate ID # **8828-125**

7. Client Name ☐ Self
Greater New York Hospital Association

6. House ID # **308640003**

TYPE OF REPORT

8. Year **2002** Midyear (January 1-June 30) ☐ **OR** Year End (July 1-Dec

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 Lobby

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 ☒ >> $ **$20,000.00**
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this rep period were:

Less than $10,000 ☐

$10,000 or more ☐ >> $ _____
Expenses (nearest $2

14. REPORTING METHOD. Check box to indicat accounting method. See instructions for description of

☐ **Method A.** Reporting amounts using LDA defini

☐ **Method B.** Reporting amounts under section 603 the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date **2/14/2003**

Signature _____

Printed Name and Title **Mary S. Lyman - General Counsel** Pa

Registrant Name: **Chambers Associates, Inc.**

Client Name: **Greater New York Hospital Association**

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** (one per page)

16. Specific Lobbying issues
H.R.5320, Departments of Labor, Health and Human Services, and Education, and Related Agencies Approp 2003,
S.2766, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropri 2003,
S.824, Medication Errors Reduction Act of 2001, Medical informatics
Physicians at teaching hospitals
Medicaid disporporationate share adjustment
Medicare upper payment limit.

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)
Nightingale, David	
Signer, William	
Swartz, Marjorie	

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

Signature: Date **2/14/2003**

Signature

Printed Name and Title **Mary S. Lyman - General Counsel**

Pa

Registrant Name: **Chambers Associates, Inc.**

Client Name: **Greater New York Hospital Association**

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 **TAX** (one per page)

16. Specific Lobbying issues
No activity.

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

Name	Covered Official Position (if applicable)

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

Signature [signature] Date **2/14/2003**

Signature

Printed Name and Title **Mary S. Lyman - General Counsel**

Pa

Registrant Name: **Chambers Associates, Inc.**

Client Name: **Greater New York Hospital Association**

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
Nightingale, David

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 Bu (city and state or cou

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 registra or affiliated organization

Date **2/14/2003**

Signature _____ Date _____

Printed Name and Title **Mary S. Lyman - General Counsel** P