

Clerk of the House of Representatives
Legislative Resource Center
8-106 Cannon Building
Washington, DC 20515

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

SECRETARY OF THE SENATE

07 MAY -9 PM 4:30

LOBBYING REPORT

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

1. Registrant Name ☒ Organization ☐ Individual

Solomont Bailis Ventures, LLC

2. Address ☐ Check if different than previously reported

Address1 One Gateway Center

Address2 Suite 902

City Newton

State MA

Zip Code 02458

Cour

3. Principal place of business (if different than line 2)

City

State

Zip Code

Cour

4a. Contact Name

b. Telephone Number

c. E-mail

☐ International Number

5. Sen

Mr. Alan D. Solomont

(617) 630-8081

ads@sb-ventures.com

5113

7. Client Name ☐ Self

6. Hou

Cambridge Health Alliance

3474

TYPE OF REPORT

8. Year 2006

Midyear (January 1-June 30) ☒

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒

\$ 30,000.00

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

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐

\$

14. REPORTING

Check box to indicate accounting method. See instructions for description

☒ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6033(b) Internal Revenue Code

☐ Method C. Reporting amounts under section 162(c) Revenue Code

Signature

Date

Printed Name and Title Alan D. Solomont

Registrant

SolomontBallis Ventures, LLC

Client 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

Medicare rate of payment issue

17. House(s) of Congress and Federal agencies

☒ Check if None☐ House☐ Senate

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Alan	Solomont		

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Printed Name and Title Alan D. Solomont

Registrant SolomonBails 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 _____

Co _____

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

City _____

State _____

Zip Code _____

Co _____

22. New General description of client's business or activities**LOBBYIST UPDATE****23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client**

	First Name	Last Name	Suffix		First Name	Last Name
1				3		
2				4		

ISSUE UPDATE**24. General lobbying issue that no longer pertain**

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AFFILIATED ORGANIZATIONS**25. Add the following affiliated organization(s)**

Name	Street Address City	Address State/Province Zip Country	Principal Place of Bu (city and state or country)
			City State City State Country

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	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
			City State Country	

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

3

5

4

6

Printed Name and Title Alvin D. Solomon

Registrant Solomon Bailis Ventures, LLC

Client Name Cambridge Health Alliance

Information Update Page - Complete ONLY where registration information has changed.**20. Client new address**

Address _____

City _____

State _____

Zip Code _____

Co

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

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State _____

Zip Code _____

Co

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State/Province

Zip

Country

Principal Place of Bu
(city and state or co

City

State

Country

City

State

Country

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

1

2

3

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City

State/Province

Country

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(city and state or country)Amount of contribution
for lobbying activities

City

State

Country

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

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Printed Name and Title Alan D. Solomon

