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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 2/1/02

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Ricchetti Inc.

Address 1001 G Street NW Suite 700 East

City Washington State DC Zip 20001

4. Principal place of business (if different from line 3)

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

(202) 879-9345

Contact

Jay Heimbach

E-mail (optional)

6. General description of registrant's business or activities

Consulting and Government Relations

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should ch

labeled "Self" and proceed to line 10. Self

7. Client name New York Academy of Medicine

Address 1216 5th Ave.

City New York State NY Zip 10029-52

8. Principal place of business (if different from line 7)

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

Health organization

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pe this section has served as a "covered executive branch official" or "covered legislative branch official" within two acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name | Covered Official Position (if applica |
|--------------------------|---------------------------------------|
| <u>Steve Ricchetti</u> | <u>Deputy Chief of Staff to the</u> |
| <u>Jeff Ricchetti</u> | |
| <u>Lisa Kountopoulos</u> | <u>Deputy Assistant to the Pres</u> |
| <u>Jay Heimbach</u> | |



Registrant Name Ricchetti Inc. Client Name NY Academy of Medicine

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD.

BUD

12. Specific lobbying issues (current and anticipated)

Health Appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

- No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Bu (city and state or co |
|------|---------|---|
| | | |

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

- No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for e: matching the criteria above, then sign registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|---|--|
| | | | |

Signature James T. Heimbech Date 3/12/02

Printed Name and Title James T. Heimbech, Vice President

