

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 SENATE
04 SEP -8 PM 12:57

LOBBYING REPORT

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

1. Registrant Name <u>Public Affairs Management</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1667 K. Street NW</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20006</u>			
4. Contact Name <u>Lawrence Flick</u>	Telephone <u>(202) 776-5202</u>	E-mail (optional)	5. Senate ID # <u>44657-1</u>
7. Client Name <input type="checkbox"/> Self <u>Mainline Health System</u>			6. House ID # <u>346260</u>

TYPE OF REPORT 8. Year 2003 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 Lobbying

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 type="checkbox"/> ⇨ \$ <u>90,000</u> Income (nearest \$20,000)</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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature LS - 11-11-11

Printed Name and Title Lawrence G. Flick Managing Director

LD-2 (REV. 6/98)

Registrant Name Public Affairs Mgt. Client Name Mainline Health

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, information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Comprehensive computerized Physician Order Entry System design to improve patient care, doctor efficiency, and to reduce chance of prescription error.

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

US House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
Lawrence Flick	Lobbyist

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

Signature [Signature] Date 7/27/0

Printed Name and Title Lawrence Flick Managing Director

Form LD-2 (Rev. 6/98)

Page

Registrant Name Public Affairs Mgr Client Name Main Line Health System

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

~~John Doe~~

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 Bus: (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 registrant affiliated organization

Signature

Y. G. Smith

Date

1/27/84

Signature _____
Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page _____