

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

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration

2. House Identification 35185 0194

Senate Identification 574

REGISTRANT Organization Individual

3. Registrant Organization Washington Council Ernst & Young

Address 1001 Pennsylvania Avenue, N.W.

Address2 SUITE 601

City WASHINGTON

State DC

Zip 20004

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

City

State

Zip

5. Contact name and telephone number

International Number

Contact Mr. Richard Meltzer

Telephone (202) 293-7474

E-mail lee.moe@wc.ey.com

6. General description of registrant's business or activities

Lobbying

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10. Self

7. Client name National Association of Public Hospitals

Address 1301 Pennsylvania Avenue, NW Suite 950

City Washington

State DC

Zip 20004

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

City

State

Zip

9. General description of client's business or activities

Public hospital association

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 individual in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Tara	Bradshaw		
John	Doney		
Donna	Steele-Flynn		
LaBrenda	Garrett-Nelson		

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Gary

Gaspar

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Registrant Washington Council Ernst & Young

Client Name National Association of Public Hospitals

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Medicaid and public hospital funding issues

AFFILIATED ORGANIZATIONS

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

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity meeting the criteria above, then proceed to line 14.

Name	Address			Principal Place of	
	Street City	State/Province	Zip Code	Country	City
					State _____ Cour _____
					City _____ State _____ Cour _____
					City _____ State _____ Cour _____
					City _____ State _____ Cour _____

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidize 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 the outor lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity meeting the criteria above, then sign the registration.

Name	Street City	Address		Principal place of business (city and state or country)	Amount of contributi for lobbying activiti
		State/Province	Country		
				City _____	
				State _____ Country _____	
				City _____	
				State _____ Country _____	

Signature Digitally Signed By: Richard Meltzer

Date 1/10/08

Printed Name and Title Richard Meltzer, Principal

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Registrant Washington Council Ernst & Young

Client Name National Association of Public Hospitals

ADDITIONAL LOBBYISTS

10. Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Bruce	Gates		
Nick	Giordano		
Francis	Grab		
Will	Heyniger		
Dave	Koshgarian		
Richard	Meltzer		

ADDITIONAL LOBBYING ISSUES

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

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

Name	Address				Principal Place of Business
	Street City	State/Province	Zip Code	Country	
					City _____ State _____ Country _____
					City _____ State _____ Country _____
					City _____ State _____ Country _____

ADDITIONAL FOREIGN ENTITIES

14. Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

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Registrant Washington Council Ernst & Young

Client Name National Association of Public Hospitals

ADDITIONAL LOBBYISTS

10. Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Anne	Phelps		
John	Porter		
Kurt	Ritterpusch		
Robert	Rozen		
Tim	Urban		

ADDITIONAL LOBBYING ISSUES

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

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

Name	Address			Principal Place of Business
	Street City	State/Province	Zip Code Country	
				City _____ State _____ Cour _____
				City _____ State _____ Cour _____
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Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street City	State/Province	Country		
				City _____ State _____ Country _____	
				City _____ State _____ Country _____	
				City _____ State _____ Country _____	

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