

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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SECRETARY OF THE SENATE

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# LOBBYING REPORT

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

1. Registrant name  
 Organization **Strategic Health Care**

2. Address  Check if different than previously reported  
 Address 1 **1201 Pennsylvania Avenue NW** 5th Floor  
 City **Washington** State **DC** Zip Code **20004** Country **USA**

3. Principal place of business (if different than line 2)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 State/Zip or Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
**Mr. Paul Lee** **202-626-6872** **plee@shcare.net**

5. Senate ID # **285255-378**

7. Client Name  Self  
**Mercy Health Partners - Toledo**

6. House ID # **36694019**

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR 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**

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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><b>13. Organizations</b></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"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) of the Internal Revenue Code</p>
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Form Complete

Printed Name and Title Paul Lee, Senior Partner

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Go to Form

Registrant Name Strategic Health Care

Client Name Mercy Health Partners - Toledo

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the regi: engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** pr information as requested. Attach additional page(s) as needed.

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

Health Care Funding and Appropriations

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

House and Senate

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
Paul	Lee			<input type="checkbox"/>
Doyce	Boesch			<input type="checkbox"/>
Marian	Lowe			<input type="checkbox"/>
Michael	Romansky			<input type="checkbox"/>
David	DiStefano			<input type="checkbox"/>
Robert	Horne			<input type="checkbox"/>
Margaret	Tighe			<input checked="" type="checkbox"/>
Lauren	Ridenour			<input checked="" type="checkbox"/>

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

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Printed Name and Title Paul Lee, Senior Partner

