

SECRETARY OF
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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 REPORT

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

1. Registrant Name <i>Bethphage</i>	
2. Address: <input type="checkbox"/> Check if different than previously reported <i>4980 S 118 ST</i>	
3. Principal Place of Business (if different from line 2) City: <i>Omaha</i> State/zip (or Country): <i>NE 68137</i>	
4. Contact Name <i>Richard Carman</i>	Telephone <i>860-343-8542</i>
E-mail (optional) <i>richard.carman@mosaicinfo.org</i>	
5. Senate ID # <i>6096-1</i>	6. House ID # <i>33999C</i>
7. Client Name <input type="checkbox"/> Self	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">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"/> ⇔ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>

11-11-03

Signature *Richard Carman* Date 4/6/05

Printed Name and Title RICHARD CARMAN, SVP for Advocacy

LD-2 (REV. 4/03)

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Registrant Name Bethpage Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 (one per page)

16. Specific lobbying issues

Medicaid Services - 5.622 HR 1811

17. House(s) of Congress and Federal agencies contacted 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)
Richard Carman	
Sharon Walters	

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

Signature Richard Carman Date 9/6/03

Printed Name and Title RICHARD CARMAN, SVP for Advocacy

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Registrant Name Beth Phage Client Name _____

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

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

16. Specific lobbying issues

Workforce crisis in human services field - H.Con.Res 94 & S.Con.Res 21

17. House(s) of Congress and Federal agencies contacted 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)
Richard Carman	
Sharon Walters	

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

Signature Michael Carman Date 9/6/03

Printed Name and Title

RICHARD CARMAN SVP for Advocacy

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Registrant Name Beth phase Client Name _____

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

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 Business (city and state or country)

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	Own percentage of client

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

Signature Michael Cam Date 8/6/03

Printed Name and Title RICHARD CARMAN SVP for Advocacy

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