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LOBBYING REPORT

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

1. Registrant name **BARRY GOTTEHRER**
 Organization **Gottcher and Company**

2. Address Check if different than previously reported
 Address **719 ARBORETUM Drive**
 City **Wilmington** State **NC** Zip Code **28405** Country **US**

3. Principal place of business (if different than line 2)
100 N. PITT Street, Suite 202
 City **Alexandria** State **Va** Zip Code **22314** Country **US**

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail
 Mr. **BARRY H. GOTTEHRER** **(910) 5099187** **gottcherandco@aol.com**

5. Senate ID #

7. Client Name Self
Baystate Health System

6. House ID # **333**

TYPE OF REPORT 8. Year **2004** 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 40,000	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____
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).	14. REPORTING METHOD. Check box to indicate exact accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Form

Printed Name and Title **BARRY GOTTEHRER, Pres**

Registrant Name Barry Gottehrer Client Name Baystate Health S
Gottahner and Company

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

appropriations, medicare reimbursement

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

Both houses of Congress

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists to*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
<u>BARRY</u>	<u>GOTTEHRER</u>		

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

Add a page for a de

Printed Name and Title Barry Gottehrer, Pres.

