

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

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Office of Public Records  
212 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE

99 AUG 16 PM 5:06

## LOBBYING REPORT

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

|   |                                  |   |                                   |
|---|----------------------------------|---|-----------------------------------|
| 1. Registrant Name<br><b>Chambers Associates, Inc.</b>  |                                  |   |                                   |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>805 15th Street, NW, Suite #500</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20005 USA</b> |                                  |   |                                   |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____  |                                  |   |                                   |
| 4. Contact Name<br><b>W. Allen Moore</b>  | Telephone<br><b>202-371-9770</b> | E-mail (optional)<br><b>moore@chambersinc.com</b> | 5. Senate ID #<br><b>8828-176</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>New York Hospital</b>  |                                  |   | 6. House ID #<br><b>30864004</b>  |

**TYPE OF REPORT** 8. Year 1999 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 ☐

|  |  |
|--|--|
| <b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>   |  |
| <b>12. Lobbying Firms</b><br><br>INCOME relating to lobbying activities for this reporting period was:<br><br>Less than \$10,000 <input type="checkbox"/><br><br>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u><br>Income (nearest \$20,000)<br><br>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). | <b>13. Organizations</b><br><br>EXPENSES relating to lobbying activities for this reporting period were:<br><br>Less than \$10,000 <input type="checkbox"/><br><br>\$10,000 or more <input type="checkbox"/> >> \$ _____<br>Expenses (nearest \$20,000)<br><br><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only<br><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(6) of the Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature W. Allen Moore Date 8/16/1999

Printed Name and Title W. Allen Moore - Vice President Page 1 of 3

Registrant Name: Chambers Associates, Inc.

Client Name: New York Hospital

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

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

16. Specific Lobbying issues  
Capital reimbursement

17. House(s) of Congress and Federal agencies contacted  
Department of Health & Human Services  
Health Care Financing Agency  
House of Representatives  
Senate

☐ Check if None

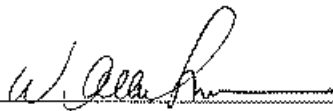
18. Name of each individual who acted as a lobbyist in this issue area

| Name                   | Covered Official Position (if applicable) | New       |
|------------------------|---|-----------|
| <u>Signer, William</u> |   | <u>No</u> |
|                        |   |           |
|                        |   |           |
|                        |   |           |
|                        |   |           |
|                        |   |           |
|                        |   |           |

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 8/16/1999

Printed Name and Title W. Allen Moore - Vice President

Page 2 of 3

Registrant Name: Chambers Associates, Inc.

Client Name: New York Hospital

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

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

16. Specific Lobbying issues  
No activity.

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

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

| Name | Covered Official Position (if applicable) | New |
|------|---|-----|
|      |   |     |
|      |   |     |
|      |   |     |
|      |   |     |
|      |   |     |
|      |   |     |
|      |   |     |

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

Signature  Date 8/16/1999

Printed Name and Title W. Allen Moore - Vice President Page 3 of 3