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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			
Organization	Strategic Health Care		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	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
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Paul Lee	202-626-6872	plee@shcare.net
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Rutherford Hospital			285255-1221
			6. House ID #
			36694058

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June30) 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 style="text-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 checked="" type="checkbox"/> ⇨ \$ <u>35,000</u></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 style="text-align: center;">13. Organizations</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>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 only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Cor

Printed Name and Title Paul Lee, Senior Partner

3000012731

Registrant Name Strategic Health Care

Client Name Rutherford Hospital

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

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

Add a page to continue adding lobbyists for this

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Paul	Lee		
Doyce	Boesch		
Marian	Lowe		
Michael	Romansky		
Jessica	Roth		
Robert	Horne		
Margaret	Tighe		
Lauren	Ridenour		

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

Add a page for a differen

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Registrant Name Strategic Health Care Client Name Rutherford Hospital

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address
 Address
 City State Zip Code Country

21. Client new principal place of business (if different than line 20)
 City State Zip Code 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

First Name	Last Name	Suffix	First Name	Last Name	Suffix
1 Michael	Romansky		3		
2			4		

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1 3 5
2 4 6

Add a page for more info.

Printed Name and Title Paul Lee, Senior Partner

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