Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

, ,	sclosure Act of 1995 (Section 4)		1							
<u>Check One:</u> New Registrant New Client for Existing Registrant Amendment					1. Effective Date of Registration 0:					
2. House Ident	ification 30174			Senat	te Identification	ı <u>'</u>	70175			
REGISTR	ANT 🗸 Organization 🗌 Indivi	dual								
3. Registrant	Organization FLEISHMAN-HIL	LARD GOVE	RNMENT R	ELATIO	NS					
Address 1775	EYE STREET NW Address2				SUITE 700					
City WAS	SHINGTON		- State	DC	Zip 20006	-	Сс			
4. Principal plac	ce of business (if different than line 3	3)	_		-		_			
··City			State		Zip	- <u>-</u>	Cc			
5. Contact name	and telephone number		— — International N	iumher	<u> </u>					
Contact Mr.		ـــــــــــــــــــــــــــــــــــــ	· · · ·		E-mail greg.stanfo	rd@fleishm	an.con			
6. General desc	ription of registrant's business or acti	·		<u> </u>						
Government Re				•		av	 .			
7. Client name Address	Catholic Healthcare West 185 Berry Street, Suite 300									
Address	185 Berry Street, Suite 300	i	•			• • • • •				
City	San Francisco		State –	CA	Zip <u>94107</u>	- 1773	— Cc			
8. Principal plac	ce of business (if different than line 7	7)								
City			State _		_ Zip	-	_ Cc			
9. General descri	ription of client's busines or activities	s								
Healthcare										
LOBBYIST	ΓS				No.					
this section has	ch individual who has acted or is expesserved as a "covered executive branche client, state the executive and/or leading to the executive and leading	h official" or "	covered leg	islative b vhich the	oranch official" v e person served.	vithin two	years			
First	Last , Name	Suffix		C c	overed Official Positio	on (if applicab	le),			
Max	Sandlin -		Former M	ember of	f Congress					
Paul Paul	Sweet									
v 244.1 d	ra da joseph en	•				•••				
.11.71	1	1	i		•					

LOBBYING ISSUES

11. General lobbying issue areas. Se HCR	lect all applicable cod	des listed i	n instruct	ions and on the	reverse	side of Form I	LD-1
12. Specific lobbying issues (current Congressional briefings, Healthcare	-						
AFFILIATED ORGANIZ	ZATIONS						-
13. Is there an entity other than the ca semiannual period and in whole or						_	rant
✓ No> Go to line 14.		Complete the rest of this section for each entity mate above, then proceed to line 14.					
Name	• .	Addre	ess			Principal Place	of Bu
	Street City	State	e/Province	Zip Code Country	City		
					- State	Co	ountry
					 City		
					State	Co	ountr
					City		
					State .	C	ountry
FOREIGN ENTITIES	<u> </u>						
14. Is there any foreign entity							
 a) holds at least 20% equite b) directly or indirectly, in the client or any organization c) is an affiliate of the client of the client or activity? 	whole or in major pa on identified on line	art, plans, 13; or	supervise	s, controls, dire	cts, fina	nces or subsid	
✓ No> Sign and date the	registration.		_	the rest of this s then sign the reg		~	matc
Name Street City	Address State/Province	Country		eal place of busines and state or country	3	mount of contrib	
			City				**
			State	Country			
10 -			City ——	Country			
Signature			State	Country		Date	<u></u>

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