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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
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Paul Lee	202-626-6872
	plee@shcare.net
5. Senate ID #	285255-263
7. Client Name <input type="checkbox"/> Self	6. House ID #
Virtual Medical Network	36694083

**TYPE OF REPORT** 8. Year 2006 Midyear (January 1-June30)  OR Year End (July 1-December 3)

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 Activi

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></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>15,000</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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expen accounting method. See instructions for description of option</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions onl</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) c Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Co


Printed Name and Title Paul Lee, Senior Partner



Registrant Name Strategic Health Care Client Name Virtual Medical Network

**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 the 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* 

Appropriations - Pilot Program

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 issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Paul	Lee		
Doyce	Boesch		
Robert	Doyle		
Dianna	Doyle		
Robert	Horne		

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

*Add a page for a different issue*

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Registrant Name Strategic Health Care Client Name Virtual Medical Network

**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

Suffi

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owns percent client
	Street Address 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, c  
affiliated organization

1

3

5

2

4

6

Add a page for more up

Printed Name and Title Paul Lee, Senior Partner

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