

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



SECRETARY OF THE SENATE

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## LOBBYING REPORT

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

|   |               |  |                |
|---|---------------|--|----------------|
| 1. Registrant Name<br><b>Carpi &amp; Clay</b>   |               |  |                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>1130 Connecticut Ave NW Suite 650 Washington DC 20036 USA</b> |               |  |                |
| 3. Principal Place of Business (if different from line 2)<br>City State/Zip (or Country)  |               |  |                |
| 4. Contact Name<br><b>Kenneth Carpi</b>   | Telephone     | E-mail (optional)<br><b>kcarpi@carpiclay.com</b> | 5. Senate ID # |
| 7. Client Name <input type="checkbox"/> Self<br><b>El Centro Regional Medical Center</b>  | 6. House ID # |  |                |

TYPE OF REPORT 8. Year 2000 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

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

| 12. Lobbying Firms  | 13. Organizations  |
|---|--|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u><br>Income (nearest \$20,000) | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> >> \$ _____<br>Expenses (nearest \$20,000)   |
| 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>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature

*Kenneth Carpi*

Date 8/15/2000

Printed Name and Title

**Kenneth Carpi - Partner**

Page 1 of 3

Registrant Name: Carpi & Clay

Client Name: El Centro Regional Medical Center

**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 BUD (one per page)
- 16. Specific lobbying issues  
**Appropriations for capital construction and earthquake retrofit**

- 17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**House of Representatives**  
**Senate**

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

| Name                  | Covered Official Position (if applicable) | New       |
|-----------------------|---|-----------|
| <b>Carpi, Kenneth</b> |   | <b>No</b> |
|                       |   |           |
|                       |   |           |
|                       |   |           |
|                       |   |           |
|                       |   |           |

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

Signature: *Kenneth Carpi* Date: 8/15/2000  
Printed Name and Title: Kenneth Carpi - Partner Page 2 of 3

Registrant Name: Carpi & Clay

Client Name: El Centro Regional Medical Center

**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 HCR (one per page)

16. Specific Lobbying issues  
**Reimbursement for costs of treating illegal immigrants**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services  
House of Representatives  
Senate**

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

| Name                  | Covered Official Position (if applicable) | New       |
|-----------------------|---|-----------|
| <b>Carpi, Kenneth</b> |   | <b>No</b> |
|                       |   |           |
|                       |   |           |
|                       |   |           |
|                       |   |           |
|                       |   |           |

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

Signature *Kenneth Carpi* Date 8/15/2008

Printed Name and Title Kenneth Carpi - Partner Page 3 of 3