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LOBBYING REPORT

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

1. Registrant Name SISCORP	
2. Address <input type="checkbox"/> Check if different than previously reported. 321 D St., N.E	
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20002	
4. Contact Name Don Massey	5. Senate ID # 35514-164
Telephone 202 548 8322	E-mail (optional) DMassey@Siscorpd.c.com
7. Client Name <input type="checkbox"/> Self Providence Health System / St. Vincent Medical Center	6. House ID # 33561017

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	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____</p> <p><small>Income (nearest \$20,000)</small></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>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 checked="" type="checkbox"/> → \$ _____</p> <p><small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *Donald F. Massey*
 Printed Name and Title Donald F. Massey, Senior Vice President

Registrant Name SISCORP Client Name Providence Health System / St. Vincent 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 DEF (one per page)

16. Specific lobbying issues
Defense Authorization and Appropriations.

17. House(s) of Congress and Federal agencies contacted Check if None
House
Senate
Department of Defense

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

Name	Covered Official Position (if applicable)	New
<u>Donald F. Massey</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Donald F. Massey Date 8/1/2009
Printed Name and Title Donald F. Massey, Senior Vice President