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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 10/9/01

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Arent Fox Kintner Plotkin & Kahn, PLLC

Address 1050 Connecticut Ave., N.W.

City Washington

State D.C.

Zip 20036-5339

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 857-6345

Contact Michael J. Kurman

E-mail (optional) _____

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.* Self

7. Client name St. Joseph's Hospital Medical Center

Address 703 Main Street

City Paterson

State NJ

Zip 07016-3612

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Bill Applegate</u>
<u>Alan Reider</u>
.....



Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name St. Joseph's Hospital Medical Cent

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-
 MMM

12. Specific lobbying issues (current and anticipated)
 Medicare reimbursement

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co
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FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
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Signature Michael J. Kurman Date 2/14/03

Printed Name and Title Michael J. Kurman, Member

Form LD-1 (Rev. 06/98)