

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Oct 01, 2007

2. House Identification Number 36694

Senate Identification Number 285255-1004710

REGISTRANT

3. Registrant Name: STRATEGIC HEALTH CARE
Address: 1120 G Street, NW Suite 1000
City: Washington State: DC Zip: 20005

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

5. Telephone number and contact name:
2022662600 Contact: PAUL LEE
E-mail(optional): plee@shcare.net

6. General description of registrant's business or activities:
Health Care consulting

CLIENT

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

☐ Self

7. Client name: GRAHAM REGIONAL MEDICAL CENTER
Address: 1301 MONTGOMERY ROAD
City: GRAHAM State: TX Zip: 76450

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

9. General description of client's business or activities:
Health Care

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: BOESCH, DOYCE
Covered Official Position (if applicable): N/A
Name: CRAPD, LARA
Covered Official Position (if applicable): N/A
Name: FOX, ALLISON
Covered Official Position (if applicable): N/A
Name: LEE, PAUL
Covered Official Position (if applicable): N/A
Name: LOWE, MARIAN
Covered Official Position (if applicable): N/A
Name: MATTOCKS, TAMA
Covered Official Position (if applicable): N/A
Name: SHEWMAKER, LENNIE
Covered Official Position (if applicable): N/A
Name: TIGHE, MARGARET
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

Registrant Name: STRATEGIC HEALTH CARE Client Name: GRAHAM REGIONAL MEDICAL CENTER

MMH

12. Specific lobbying issues (current and anticipated):

Medicare

AFFILIATED ORGANIZATIONS

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

☒ No, then go to line 14.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes 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 the outcome of the lobbying activity?

☒ No, then sign and date the registration.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Nov 13, 2007

Printed Name and Title: PAUL LEE, SENIOR PARTNER -