

Greater New York Hospital Association 13 AH | 1. 19 555 West 57th Street / New York, N.Y. 10019 / (212) 246-7160 / FAX (212) 262-6350 Kenneth E. Raske, President RAND DESIVERED L.

August Twelve 1999

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

Dear Sir:

Enclosed please find the Lobbying Report from the Greater New York Hospital Association for the period January 1, 1999 to June 30, 1999.

Should you have any questions, do not hesitate to call me at (212) 506-5451.

Sincerely,

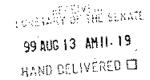
Lisa Krieger, CPA Controller

L. Krieger

Attachments

Clerk of the House of Representatives - Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

| Greater New York Hospital Association | |
|---|--|
| 2. Address 🔲 Check if different than previously reported | |
| 555 West 57th Street | |
| 3. Principal Place of Business (if different from line 2) | |
| City: New York State. | Zip (or Country) New York 10019 |
| 4. Contact Name Telephone | E-mail (optional) \$. Senue HD# |
| Lee H. Perlssn, Senior Vice President & CF | 70, (212) 506-5433 16830 |
| 7. Client Name 🔼 Self | G. House 1D N |
| • | |
| YPE OF REPORT 8. Year 1999 Midyes | r (January 1-June 30) 🖾 OR Year End (July 1-December 31) 🕻 |
| . Check if this filing amends a previously filed version of this | героп 🔘 |
| 0. Check if this is a Termination Report 🚨 🤝 Termination | Date 11. No Lobbying Activity C |
| | |
| INCOME OR EXPENSES - Complete Either | r Line 12 OR Line 13 |
| 12. Lobbying Firms | 13. Organizations |
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting |
| - | period were: Less than \$10,000 |
| Less than \$19,000 🚨 | \$10,000 or more & \$280,000 |
| \$10,000 or more | 210,000 or more 21 \$250,000 |
| - 4 | Expenses (nearest \$20,000) |
| Income (nearest \$20,000) | 14. REPORTING METHOD. Check box to indicate expense |
| Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. |
| 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 | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. Method A: Reporting amounts using LDA definitions only |
| Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. Method A: Reporting amounts using LDA definitions only |
| 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 | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8)of the |
| Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,090, 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). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. Method A: Reporting amounts using LDA definitions only Method B: Reporting amounts under section 6033(b)(8)of the loternal Revenue Code Method C: Reporting amounts under section 162(e) of the |
| 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). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. Method A: Reporting amounts using LDA definitions only Method B: Reporting amounts under section 6033(b)(8)of the loternal Revenue Code Method C: Reporting amounts under section 162(e) of the Internal Revenue Code |

| Greater New York Registrant Name <u>Hospital Associati</u> | on Client Name_ | Self | |
|--|--|--|-----------------|
| LOBBYING ACTIVITY. Select as mengaged in lobbying on behalf of the clinformation as requested. Attach additi | ient during the reporting p | reflect the general issue areas in which the regiseriod. Using a separate page for each code, pr | strant oviđe |
| 15. General issue area code mann | (one per page) | | |
| 16. Specific lobbying issues Balanced Budget Act Implem Graduate Medical Education Medical Compliance Issues FYOO Budget Issues (no spe | (no specific action (no specific action) | 1) | |
| • | | | |
| | * | | |
| 17. House(s) of Congress and Federal | agencies contacted | ☐ Check if None | , |
| Senate House of Representatives Health and Human Services Housing and Urban Developes | Department, Health C ent - Pederal Housin | are Financing Administration g Administration | |
| | ** | | |
| 18. Name of each individual who acted | d as a lobbyist in this issue | ares | |
| Kame | | Covered Official Position (if applicable) | Neu |
| Kenneth E. Raske, Presiden | t i | | |
| David C. Rich, VP Governmen | 1 | | |
| Celeste M. Johnson, Dir.Go | v't Affairs | | |
| Barbara King, Asst. Dir. G | ov't Affairs | | |
| | ; | | |
| | | | |
| ************************************ | | | |
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| | | | |
| 19. Interest of each foreign entity in the sp | occific issues listed on line 16 | above Check if None | |
| · | | | |
| aun | uni - | | • |
| Signature | and the second s | Date | |
| Printed Name and Title Lee H. Per Ima | n, Semior Vice Presi | dent, Administration and CPO | |
| Form LD-2 (Rev.t/98) | | Powe | of |

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|---|---|--|----------|
| Registrant Name Hospita | New York Association Client | Name Self | |
| LOBBYING ACTIVITY engaged in lobbying on be | Select as many codes as neces | ssary to reflect the general issue areas in which the registrant orting period. Using a separate page for each code, provide | |
| 15. General issue area co | de <u>HOU</u> (one per page) |) | |
| • : | | | |
| 16. Specific lobbying issu | | | |
| Hospital, Norsi | ng Home Mortgage Insurand | ce (no specific bill or executive action) | |
| | | | |
| 17. House(s) of Congress Senate House of Repres | and Federal agencies contacted | Check if None | |
| Housing and Urb | n Services Department, He an Development - Federal sment and Budget | ealth Care Financing Adm <u>in</u> istration Housing Administration | |
| 18. Name of each individ | lual who acted as a lobbyist in th | nis issue area | |
| | Name | Covered Official Position (if applicable) | Nev |
| Kenneth E. Rask | e, President | | |
| David C. Rich, | VP Government Affairs | | a |
| Celeste M. John | son, Dir. Gov't Affairs | | <u>a</u> |
| Sarbara King, A | sst. Dir. Gov't Affairs | | |
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| | | | <u>.</u> |
| | | | |
| 19. Interest of each foreign | entity in the specific issues listed or | n line 16 above Check if None | |
| Signature | min | Date | |
| · · · · · · · · · · · · · · · · · · · | ee H. Perlman Senior Vic | e President, Administration and CFO | |
| Harris Harris and 1104 | | THE PROPERTY OF THE PROPERTY O | · |
| form LD-2 (Rev 6/08) | 1. | Page of | |

| mination charte | Page - Complete ONLY who | ere registration information has e | hanged, | • |
|--|---|---|---|-------------------------|
| . Client new address | ······································ | | | |
| | • | | | |
| . Client new principal place of | f pasiness (if different from line 20) | 124411111111111111111111111111111111111 | | |
| ity | · Sta | ite/Zip (or Country) | | |
| New general description of | | | | |
| | | | | |
| OBBYIST UPDATE | <u> </u> | | | |
| | | no longer expected to act as a lobby | ist for the client | |
| | | | | |
| | | | | |
| | 1 | | | |
| SSUE UPDATE | | | | |
| | es previously reported that no I | onger pettain | | |
| HCR | · | | | |
| FFILIATED ORGAN | NIZATIONS | | | ······ |
| | *** | | | |
| 5. Add the following aff | maied organization(s) | | | |
| | inated organization(s) | A datases | Deineign Black of D | . Leinare |
| 5. Add the following aff | inated organization(s) | Address | Principal Place of B (city and state or co | |
| | inated of ganization(s) | Address | | |
| | inaled ofganization(s) | Address | | |
| Name | | | (city and state or e | |
| Name | | Address is no longer affiliated with the regis | (city and state or e | |
| Name | | | (city and state or e | |
| Name Reserved Reserved | usly reported organization that i | | (city and state or e | |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for | usly reported organization that i | is no longer affilisted with the regis | (city and state or or | ountry |
| Name Name of each previous | usly reported organization that i | | (city and state or e | Ownership percentage in |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for | usly reported organization that i | is no longer affiliated with the regis | (city and state or or trant or client Amount of contribution | Ownership |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for | usly reported organization that i | is no longer affiliated with the regis | (city and state or or trant or client Amount of contribution | Ownership percentage in |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for | usly reported organization that i | is no longer affiliated with the regis | (city and state or or trant or client Amount of contribution | Ownership percentage in |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for Name | usiy reported organization that i | is no longer affiliated with the regis | (city and state or or thant or client Anteunt of contribution for tobbying activities | Ownership percentage in |
| Name 26. Name of each previous FOREIGN ENTITIES 17. Add the following for Name | eign entities Address asly reported foreign entity that | Principal place of business (city and state or country) | (city and state or or thant or client Anteunt of contribution for tobbying activities | Ownership percentage in |
| 26. Name of each previous FOREIGN ENTITIES 17. Add the following for Name 28. Name of each previous | eign entities Address asly reported foreign entity that | Principal place of business (city and state or country) | (city and state or or thant or client Anteunt of contribution for tobbying activities | Ownership percentage in |
| Name 26. Name of each previous FOREIGN ENTITIES 7. Add the following for Name 28. Name of each previous | eign entities Address asly reported foreign entity that | Principal place of business (city and state or country) | (city and state or or thant or client Anteunt of contribution for tobbying activities | Ownership percentage in |