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LOBBYING REPORT

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

1. Registrant Name <u>West Penn Allegheny Health System</u>			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Margaret McCormick Barron</u>	Telephone <u>(412) 578-7374</u>	E-mail (optional)	5. Senate ID # <u>89278</u>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ income (nearest \$20,000)</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 60. Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16. Internal Revenue Code</p>
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Signature Margaret McCormick Barron

Printed Name and Title Margaret McCormick Barron, Vice President, Legislative Af

I.D-2 (REV. 6/98)

Registrant Name West Penn Allegheny Health System Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code BUD/Appropriations (one per page)

16. Specific lobbying issues

FY05 Labor HHS Ed appropriations

17. House(s) of Congress and Federal agencies contacted

Check if None

House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Margaret McCormick Barron	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Margaret McCormick Barron Date 8-17-04
Printed Name and Title Margaret McCormick Barron, Vice President, Legislative Affa

Registrant Name West Penn Allegheny Client Name _____
Health System

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code LAW (one per page)

16. Specific lobbying issues

HR 5 Medical Liability Reform

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

House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Margaret McCormick Barron	

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

Signature Margaret McCormick Barron Date 8-17-04

Printed Name and Title Margaret McCormick Barron, Vice President, Legislative Aff.

