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LOBBYING REPORT

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

1. Registrant Name CHRISTUS Health			
2. Address <input type="checkbox"/> Check if different than previously reported 2600 M. LOOP WEST HOUSTON TX 77429			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name Marshall Bolyard	Telephone 713 680 4853	E-mail (optional)	5. Senate ID # 35536-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 31196000		

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

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 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$60,000.00</u> Expenses (nearest \$20,000)
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. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____ Date 08/14/2000

Printed Name and Title Marshall Bolyard - USFHP DIRECTOR Page 1 of 4

Registrant Name: CHRISTUS Health

Client Name: SELF

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

S.2549, National Defense Authorization Act for Fiscal Year 2001, provisions affecting defense health care, specifically Section 743.

H.R.4205, Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001, provisions affecting defense health care.

Executive Branch Actions:

Department of Defense health affairs programs, specifically TRICARE and the Uniformed Services Family Health Plan program.

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

Department of Defense
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)	New
Bolyard, Marshall		No

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

Signature _____ Date 08/14/2000

Printed Name and Title Marshall Bolyard - USFHP DIRECTOR Page 2 of 4

Registrant Name: CHRISTUS Health

Client Name: SELF

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 HCR (one per page)

16. Specific Lobbying issues

**S.2549, National Defense Authorization Act for Fiscal Year 2001, provisions affecting defense health care, specifically Section 743,
H.R.4205, Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001, provisions affecting defense health care.**

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

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

Name	Covered Official Position (if applicable)	New
Bolyard, Marshall		No

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

Signature _____ Date 08/14/2000

Printed Name and Title Marshall Bolyard - USFHP DIRECTOR Page 3 of 4

Registrant Name: CHRISTUS Health

Client Name: SELF

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

BUD

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership % in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client, or affiliated organization

Signature *Marshall Bolyard* Date 08/14/2000

Printed Name and Title Marshall Bolyard - USFHP DIRECTOR Page 4 of 4