

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF

**LOBBYING REPORT**

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

1. Registrant Name <b>Northwestern Memorial Hospital</b>			
2. Address: <input type="checkbox"/> Check if different than previously reported <b>240 EAST ONTARIO STREET - SUITE 500</b>			
3. Principal Place of Business (if different from line 2) <b>CHICAGO</b> <b>ILLINOIS 60611</b> City: State/zip (or Country)			
4. Contact Name <b>ROBERT J. CHRISTIE</b>	Telephone <b>(312) 926-7527</b>	E-mail (optional) <b>RCHRISTI@NMH.ORG</b>	5. Senate ID # <b>29595-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>31287000</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-D
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 Lobby

<b>INCOME OR EXPENSES</b> Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b>  <b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	<b>13. Organizations</b>  <b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>200,000.00</u> Expenses (nearest \$20,000)
<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of	
<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input checked="" type="checkbox"/> <b>Method B.</b> Reporting amounts under section 602 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code	
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).	

Signature Robert J. Christie Date 8/13/03

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)

LD 2 (REV 4/03)

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Registrant Name Northwestern Memorial Hospital Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

H.R.2660-Dept. of Labor, Health & Human Services & Education & Related Agencies Appropriations Act, Fiscal Yr. 2  
S.1356-Dept. of Labor, Health & Human Services & Education & Related Agencies Appropriations Act, Fiscal Yr. 200  
H.R.2555-Department of Homeland Security Appropriations Bill, Fiscal Year 2004.  
H.R.2859-Emergency Supplemental Appropriations for Disaster Relief Act, 2003.  
H.R.5320-Dept. of Labor, Health & Human Services & Education & Related Agencies Appropriations Act, Fiscal Yr. 2  
S.2766-Dept. of Labor, Health and Human Services and Education & Related Agencies Appropriations Act, Fiscal Yr. 2003.

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

Senate  
House of Representatives  
Department of Health and Human Services  
Department of Homeland Security

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

Name	Covered Official Position (if applicable)
Robert J. Christie	

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

*Robert J. Christie*

9/1/04

Signature [Handwritten Signature] Date 11/13/03

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)



Signature [Handwritten Signature] Date 4/15/12

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)



Signature [Signature] Date 9/19/07

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)

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Registrant Name Northwestern Memorial Hospital Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

S.1-Prescription Drug and Medicare Improvement Act of 2003.  
S.CON.RES.23-An original concurrent resolution setting forth the congressional budget for the U.S. Government for fiscal year 2004 and including the appropriate budgetary levels for fiscal year 2003 and for fiscal years 2005 through 2013.  
H.R.2427-Pharmaceutical Market Access Act of 2003.

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

Department of Health & Human Services  
House of Representatives  
Senate

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

Name	Covered Official Position (if applicable)
Robert J. Christie	

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

Signature Robert J. Christie Date 8/12/12  
Filing #0a4a7ec1-7cf6-4557-adbd-4c40a377e7a3 - Page 9 of 16

Signature \_\_\_\_\_ Date 1/11/11

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)

Form LD-2 (Rec. 4/03)

Page 1



Signature \_\_\_\_\_ Date 7/14/00

Printed Name and Title Robert J. Christie (VP-Government and Legislative Relations)

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Registrant Name Northwestern Memorial Hospital Client Name \_\_\_\_\_

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

20. Client new address  
N/A

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  
N/A

**LOBBYIST UPDATE**

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

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or

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

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

*Michael J. [Signature]*

*2/10/12*

