



SECRETARY OF THE SENATE
06 MAY 17 AM 10:48

Joseph S. Benbenek III
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05/17/06 AM 10:48

May 12, 2006

VIA EXPRESS MAIL

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

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

Re: Baylor Health Care System—Filing of Form LD-2DS Lobbying Reports
Senate ID#: 286837-12
House ID#: 36978000

Dear Madam Secretary and Madam Clerk:

I am delivering to each of you with this letter copies of Form LD-2DS Lobbying Reports for the years 2004, 2005 and a termination report for the period ended April 30, 2006 on behalf of Baylor Health Care System. These filings are made, in part, in response to notifications received from the Office of the Secretary of the United States Senate and the United States Attorney for the District of Columbia of a failure to make timely filing of a Lobbying Disclosure Act report filing for the 2004 Year-End Semi-Annual Report and the 2005 Mid-Year Report, in order to bring Baylor Health Care System into full compliance with the Lobbying Disclosure Act. A copy of each of these filings is also being made to Keith Morgan, Assistant United States Attorney, District of Columbia. If possible, I would appreciate receiving a confirmation of receipt of the enclosed reports.

If you need any additional information or have any questions about this matter please do not hesitate to contact me.

Very truly yours,

Joseph S. Benbenek III
Senior Vice President & General Counsel

cc: Keith Morgan, Assistant United States Attorney, District of Columbia (w/encls.)
Fax: 202-514-8780

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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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LOBBYING REPORT

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

1. Registrant name			
Organization	BAYLOR HEALTH CARE SYSTEM		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	3600 Gaston Ave.		
City	Dallas	State	TX
Zip Code	75246	Country	USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Joseph S. Benbenek III	214-820-6631	joe@baylorhealth.edu
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
BAYLOR HEALTH CARE SYSTEM			286837-12
			6. House ID #
			36978000

TYPE OF REPORT 8. Year 2004 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	
<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"/> ⇨ \$ _____</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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>200,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Revenue Code</p>

Form Con

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Registrant Name BAYLOR HEALTH CARE SYSTEM

Client Name BAYLOR HEALTH CARE SYSTEM

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 - Health Issues (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

"S.1, Prescription Drug and Medicare Improvement Act of 2003" (Enrolled as "H.R. 1, Medicare Prescription Drug, Improvement and Modernization Act of 2003)," particularly as to hospital Medicare payment, specialty hospitals and provider certification matters

Also, activities related to medical liability reform

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

Senate
House of Representatives
Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
John T.	Thomas		N/A

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

Add a page for a different

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Registrant Name BAYLOR HEALTH CARE SYSTEM

Client Name BAYLOR HEALTH CARE SYSTEM

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

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 percentage client
	Street Address City State/Province Country	City State Country		

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

1

3

5

2

4

6



Add a charge for name update

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