

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

SECRETARY OF THE
02 AUG 12 PM

LOBBYING REPORT

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

1. Registrant Name

Baptist Health System, Inc.

Address Check if different than previously reported

P.O. Box 830605

3. Principal Place of Business (if different from line 2)

City: *Birmingham*

State/Zip (or Country) *AL 35283-0605*

4. Contact Name

Telephone

E-mail (optional)

5. Senate ID.

Judi McGuire (205) 715-5843 judi.mcguire@bhsala.com

532

7. Client Name Self

6. House ID #

3167

TYPE OF REPORT 8. Year *2002* 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
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 payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description

Method A. Reporting amounts using LDA def

Method B. Reporting amounts under section 6 Internal Revenue Code

Method C. Reporting amounts under section Internal Revenue Code

Signature

Judi McGuire

Printed Name and Title Judi McGuire, Corporate Director of Governmental Relatic

LD-2 (REV. 6/98)

Registrant Name Baptist Health System, Inc. Client Name Self

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

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

16. Specific lobbying issues

American Hospital Preservation Act H.R. 1556/S. 839
Area Wage and Base Payment Improvement Act H.R. 1609/S.

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

Check if None

US Senate
US House of Representatives

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

Name

Covered Official Position (if applicable)

Judi McGuire

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

Check if None

Signature Judi McGuire

Date 7/30/02

Printed Name and Title WILL MOULDER, CORPORATE DIRECTOR OF GOVERNMENTAL RELATIONS

Form LD-2 (Rev. 6/98)

Page

Registrant Name _____ Client Name _____

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

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

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

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

Signature _____ Date _____

Printed Name and Title

Form 1 D-2 (Rev. 6/98)

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