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11/17/03
DATE

LOBBYING REPORT

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

1. Registrant Name Jenkins & Gilchrist, P.C.			
2. Address <input type="checkbox"/> Check if different than previously reported 1919 Pennsylvania Ave, Suite 600, Washington DC 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Michael Cook	Telephone (202) 326-1585	E-mail (optional) mcook@jenkens.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self HealthSource Saginaw			6. House ID #

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES Complete Either Line 12 OR Line 13	
<p>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>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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions onl</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(6) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of th Internal Revenue Code</p>

Signature Judy A. Peil

Date 7/25/03

Printed Name and Title Judy A. Peil Office Administrator

Registrant Name Jenkins & Gilchrist, P.C. Client Name HealthSource Saginaw

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 issue area, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Extend the moratorium prohibiting consideration of HealthSource Saginaw to be an institution for mental diseases under Medicaid.

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

CMS
Representative David Camp & staff
Congressman Kildee's office & staff
Senator Levin office & staff
Senator Stabenow's office & staff

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

Name	Covered Official Position (if applicable)
Michael H. Cook	
Rachel Wittman	

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

Signature Judy A. Peil Date 7/25/03
Printed Name and Title Judy A. Peil Office Administrators

Registrant Name Jenkins & Gilchrist, P.C. Client Name HealthSource Saginaw

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

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	Owns percent client

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

Signature Judy A. Pell Date 7/25/03

Printed Name and Title Judy A. Pell Office Administrator

