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LOBBYING REPORT

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

1. Registrant Name OSF Healthcare System			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Fred Kalsbeek	Telephone 309-655-2403	E-mail (optional) fred.v.kalsbeek@osfhealthcare.org	5. Senate ID # PENDING
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 35178000		

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 INCOME 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)	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)
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)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

PAGE 1 of 3

Registrant Name OSF Healthcare System Client Name _____

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.1272 The Pain Relief Promotion Act of 1999 - Supported all provisions.
H.R. 2614 The Taxpayer Relief Act of 2000 - Supported all provisions
HCFA New Regulations issued Oct 10, 2000 65 Fed Reg 60151 Opposed all provisions on UPL
H.R. 5543 Medicare, Medicaid & SCHIP Benefits Improvement and Protection Act of 2000 -
Supported all provisions, including new rules on the Medicaid UPL Calculation.

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

House of Representatives
Senate
Health Care Finance Administration (HCFA)

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

Name	Covered Official Position (if applicable)	New
Frederik V. Kalsbeek	N/A	<input type="checkbox"/>
James M. Moore	N/A	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature See p 3 Date January 5, 2001
Printed Name and Title Frederik V. Kalsbeek Director of Government Relations

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

NEW E-MAIL ADDRESS: Page 1, line 4, the ending of the e-mail address is now ".org"

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	Ownership percentage 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 *Frederik V. Kalsbark* Date January 5, 2001

Printed Name and Title Frederik V. Kalsbark Dir of Government Relations