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**LOBBYING REPORT**

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

|   |                                    |   |                               |
|---|------------------------------------|---|-------------------------------|
| 1. Registrant Name<br><u>Baptist Health System, Inc.</u>  |                                    |   |                               |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>P.O. Box 830605</u>                         |                                    |   |                               |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>Birmingham, AL</u> State/Zip (or Country) <u>35283-0605</u> |                                    |   |                               |
| 4. Contact Name<br><u>Judi McGuire</u>  | Telephone<br><u>(205) 715-5843</u> | E-mail (optional)<br><u>Judi.McGuire@bhsala.com</u> | 5. Senate ID #<br><u>5324</u> |
| 7. Client Name <input checked="" type="checkbox"/> Self   |                                    |   | 6. House ID #<br><u>31679</u> |

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec) 
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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| 12. Lobbying Firms  | 13. Organizations   |
|---|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br><small>Income (nearest \$20,000)</small><br><br>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). | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input checked="" type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br><small>Expenses (nearest \$20,000)</small><br><br><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <ul style="list-style-type: none"> <li><input type="checkbox"/> Method A. Reporting amounts using LDA definition</li> <li><input checked="" type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</li> <li><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</li> </ul> |

Signature

Judi McGuire

Printed Name and Title Judi McGuire, Director, Governmental Relations

LD-2 (REV. 6/98)

1

Registrant Name Baptist Health System 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

*S. Con Res 95  
H.R. 4280  
HR. 3722  
H.R. 3108  
S. 2207  
S. 2061*

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

*U.S. Senate  
U.S. House of Representatives*

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

| Name                | Covered Official Position (if applicable) |
|---------------------|---|
| <i>Judi McGuire</i> |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |

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

Signature *Judi McGuire* Date *August 2, 5*

Printed Name and Title *Judi McGuire Director Governmental Relations*

Printed Name and Title JAMAL M. MOHAMMAD, DIRECTOR, CONFIDENTIALITY & SECURITY

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**

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<br>(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<br>(city and state or country) | Amount of contribution<br>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 \_\_\_\_\_

