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LOBBYING REPORT

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

1. Registrant Name <u>CHILDREN'S HOSPITAL OF ALABAMA dba</u> <u>CHILDREN'S HEALTH SYSTEM</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>N/A</u>			
3. Principal Place of Business (if different from line 2) City: <u>N/A</u> State/Zip (or Country)			
4. Contact Name <u>SUZANNE RESPRESS</u>	Telephone <u>205/939 9652</u>	E-mail (optional) <u>Suzanne.respress</u> <u>@chsys.org</u>	5. Senate ID # <u>71974-</u>
7. Client Name <input type="checkbox"/> Self <u>N/A</u>			6. House ID # <u>3586400</u>

TYPE OF REPORT 8. Year 2003 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

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"/> ⇒ \$ _____ 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 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>180,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature M. Suzanne Respress

Printed Name and Title M. SUZANNE KESPESS, DIRECTOR - CIVIL R

LD-2 (REV. 6/98)

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Registrant Name CHILDREN'S HEALTH SYSTEM Client Name _____

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

- 1) CHILDREN'S HOSPITALS GME FUNDING (LABOR/HHS/ED APPROPS)
- 2) POISON CONTROL CTR FUNDING (HR 1819)
- 3) PEDIATRIC RESEARCH EQUITY ACT (S.650)
- 4) MEDICARE REFORM; WAGE INDEX, MEDICAID, SCHIP - (HR 1342) (HR 328) (HR 1710) (S.1)
- 5) PROFESSIONAL LIABILITY REFORM (HR 5)

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

U.S. SENATE
 U.S. HOUSE OF REPRESENTATIVES
 HHS/HRSA - CHGME TECHNICAL WKSHOP

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

Name	Covered Official Position (if applicable)
JIM C. DEARTH, MD	CHIEF EXECUTIVE OFFICER
SUZANNE RESPESS	DIRECTOR, GOVT RELATION

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

Signature M. Suzanne Respass Date February 12

Printed Name and Title M. SUZANNE RESPESS DIRECTOR - GOVT RELATION

Registrant Name CHILDREN'S HEALTH SYSTEM Client Name _____

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

20. Client new address

N/A

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

City

N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
N/A		

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

N/A

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
N/A			

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

Signature

M. Suzanne Bessers

Date

February 12

Printed Name and Title Ms SUZANNE KESPES, DIR - GOVT RELATION

Form LD-2 (Rev. 6/98)

Page