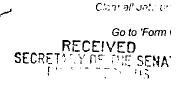
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



05 AUG 15 PM 1:4

LOBBYING REPORT

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

1. Registrant name			
•			
2. Address Check if different than previously reported			
Address 400 N Capitol St, NW	Suite 585		
City Washington State D	C Zip Code 20001	Country USA	
3. Principal place of business (if different than line 2)			
City State City State/Zi	Zip Code	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
Ms. Samantha Benton (202) 737-1330 sben	nton@gallatingroup.com	15747-354	
7. Client Name Self		6. House ID#	
St. Peter's Hospital		32408022	
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13	11. No Lobbying Activity	
12. Lobbying Firms	13. Organ		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting per- were:		
Less than \$10,000 [Less than \$10,000		
\$10,000 or more	\$10,000 or more	<u> </u>	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code		
		nts under section 162(e) of the In	
	<u> </u>	Form Comp	
Printed Name and Title Samantha Benton, Associate		· · · - · · ·	

Registrant Name _	The Gallatin Group		Client Name St. Peter's Hospital			
engaged in lobby		ent during the	necessary to reflect the general issue areas in which the reg reporting period. Using a separate page for each code, p s needed.			
15. General issue area code HCR - Health Issues			(one per page)			
16. Specific lobb	ying issues		Add page to continue specific issues description for this issue			
Secure feder	al funding for hospital ex	pansion and r	elated projects.			
<u> </u>	Congress and Federal ag	<u> </u>	cted Check if None			
18. Name of each	th individual who acted Name Last Name Hollier	as a lobbyist i	in this issue area Add a page to continue additing lobbyists for this i. Covered Official Position (if applicable)			
Zak	Andersen		Chief of Staff, Senator Max Baucus			
Samantha	Benton					
John	Etchart					
Cara	Dalmolin		LC to Rep. Shadegg			
19. Interest of e	ach foreign entity in the	specific issue	es listed on line 16 above \(\sum \) Check if None			

Add a page for a different is

Registrant Name	The Galla	tin Group		_ Client Name	St. Peter's	Hospital	
Information	ı Update	e Page - Complete O	NLY wh	ere registra	tion inform	ation has changed	l.
20. Client new	address						
Address							
City	City			tate	Zip Code	Country	
21. Client new	principal p	lace of business (if differen	t than line	20)			
City	City			tate	Zip Code	Country	
22. New gener	ral description	on of client's business or ac	tivities				
LOBBYIST	UPDAT	E		1		<u> </u>	•••
23. Name of		ously reported individual	who is n		ected to act as	a lobbyist for the cli	ent Suffix
1 Cara		almolin	o bilia	3			
2		,		4			
ISSUE UPI	DATE			Find	the code to s	elect below	
24. General l	obbying is:	sues that <mark>no longer perta</mark> i	in	Tillu	the code to a	elect below.	
		· ·					
					. <u>-</u>		·
AFFILIAT	ED ORG.	ANIZATIONS					
25. Add the f	ollowing a	ffiliated organization(s)					- .
	Name		Address		Principal place of Business (city and state or country)		
***************************************		Address		***************************************		City	.,,
		C/S/Z				State Cour	ntry
		Address				City	•
		C/S/Z			ı	State	
26. Name of	each previ	ously reported organizati	on that is	no longer af	filiated with t	he registrant or clien	t
П	•	2			[3]		
		L		,			·
FOREIGN							
27. Add the I		oreign entities Address		Principal plac	e of husiness	Amount of contribution	Ownershi
Palie		Street Address	ice Country	(city and state		for lobbying activities	percentag client
		City State/Provin	ιος <u></u>	ente .	***************************************		
				City			
				State (Country		
	-	sly reported foreign entity	that no loi	nger owns, <u>or</u>	controls, <u>or</u> is	affiliated with the regis	strant, clier
	organization				<u> </u>	Ī	
1		3			5	=' 	
2		4			6		
						Add a page for	more updat

TITS AIDE ADEM AMAY

Printed Name and Title Samantha Benton, Associate