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04 APR 19 AM 2:57

**LOBBYING REPORT**

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

1. Registrant Name <u>Advocate Health Care</u>			
2. Address <input type="checkbox"/> Check if different than previously reported  2025 Windsor Drive			
3. Principal Place of Business (if different from line 2)  City: <u>Oak Brook</u> State/zip (or Country) <u>IL 60523</u>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<u>Elyse Forkosh</u>	<u>(630) 990-5388</u>		<u>83114-12</u>
7. Client Name	<input checked="" type="checkbox"/> Self		6. House ID #
			<u>364000</u>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-D

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 Lobby

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></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"><b>13. Organizations</b></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 type="checkbox"/> ⇨ \$ <u>120,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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 type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature  Date 2-13-04

Printed Name and Title Elyse Forkosh, Government Relations Director

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

Jim Skogsbergh  
Greg Morris

**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 (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

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

*[Handwritten signatures]*

7-13-04

Signature Elyse Forkosh Date 5-1-11

Printed Name and Title Elyse Forkosh, Government Relations Director

Registrant Name Advocate Health Care Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which t engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

uninsured crisis

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

House of Representatives/Senate

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

Name	Covered Official Position (if applicable)
Elyse Forkosh	

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

*[Handwritten signatures]*

9-12-12

Signature Elyse Forkosh Date 2 12 01

Printed Name and Title Elyse Forkosh, Government Relations Director



Signature Elyse Forkosh TOV 8-19-07 Date \_\_\_\_\_

Printed Name and Title Elyse Forkosh, Government Relations Director

00000690284

Registrant Name Advocate Health Care 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 and provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicaid Funding  
Medicare Reform (HR1/S1)  
Medicare Regulations regarding the uninsured

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

U.S. House of Representatives  
Senate


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

Name	Covered Official Position (if applicable)
Elyse Forkosh	

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

*Handwritten signature/initials*

*2/12/04*

Signature  Date 5/2/11

Printed Name and Title Elyse Forkosh, Government Relations Director

Form LD-2 (Rev 4/03)

Page