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# LOBBYING REPORT

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

1. Registrant Name <b>Greenberg Traurig, LLP</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>800 Connecticut Avenue, NW Suite 500</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20006</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Howard A. Vine</b>	Telephone <b>202-331-3103</b>	E-mail (optional) <b>vineh@gtlaw.com</b>	5. Senate ID # <b>16896-1332</b>
7. Client Name <input type="checkbox"/> Self <b>Community Health Systems, Inc.</b>			6. House ID # <b>31595117</b>

**TYPE OF REPORT** 8. Year 2001 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 Lobby

## 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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
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>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162( Internal Revenue Code

Signature \_\_\_\_\_

Date 8/8/2001

Printed Name and Title

**Timothy Trvsla - Assistant Director of Government Affairs**  
Filing #789203e5-0fa7-4d8a-94db-f8b751baea4e - Page 1 of 6



Registrant Name: Greenberg Traurig, LLP

Client Name: Community Health Systems, Inc.

**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 MMM (one per page)

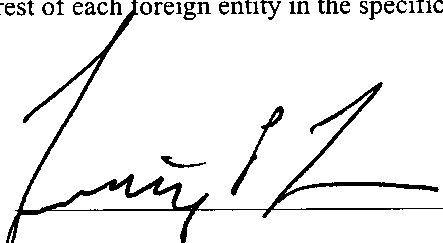
16. Specific Lobbying issues  
**Medicare**  
**Medicaid**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**House of Representatives**  
**Senate**

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

Name	Covered Official Position (if applicable)
<b>Cohen, Howard</b>	
<b>Finder, Jodi</b>	
<b>Garagiola, Rob</b>	
<b>Kolton, Eleanor</b>	
<b>Mueller, Russell J.</b>	
<b>Taylor, Nancy E.</b>	
<b>Trysla, Timothy</b>	

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

Signature 

Date 8/8/2001



Registrant Name: Greenberg Traurig, LLP

Client Name: Community Health Systems, Inc.

**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  
**Cohen, Howard**  
**Mueller, Russell J.**  
**Finder, Jodi**

**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

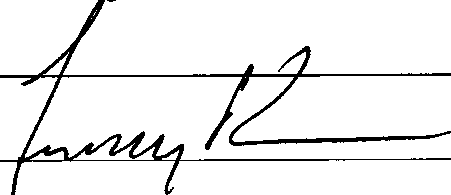
**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal Place of Business (city, and state, or country)	Amount of contribution for lobbying activities

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 8/8/2001

