

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

SECRETARY

03 MAR

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration February 5, 2003

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT3. Registrant name Loeffler Jonas & Tuggey LLPAddress 755 East Mulberry, Suite 200City San AntonioState TX Zip 78212

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name
(210) 354-4300Contact W. James Jonas III

E-mail (optional) _____

6. General description of registrant's business or activities Law Firm**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should box labeled "Self" and proceed to line 10.* Self7. Client name Christus HealthAddress 839 Kings Highway, Suite 130City ShreveportState LA Zip 71104

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities - Hospital system**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Tom Loeffler	W. James Jonas III
Jon Plebani	Mark Franz
Daniel Cohen	Michael Frazier

.....
Jose Martinez



Form LD-1 (Rev 06/98)

Registrant Name Loeffler Jonas & Tuggey LLP Client Name Christus Health

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD
MMM

12. Specific lobbying issues (current and anticipated)

Center for Medicare/Medicaid services claims processing and payment

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrar semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No => Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
.....

FOREIGN ENTITIES

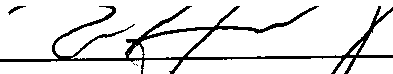
14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidize activities of the client or any organization identified on line 13; **or**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No => Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of Business (city and state or country)	Amount of Contribution for lobbying activities	Open in
.....

Signature  Date 2/25/03

Printed Name and Title W. James Jonas III, Partner

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