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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant name		
Organization Carolinas HealthCare System		
2. Address Check if different than previously reported	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P.O. Box 32861		
City Charlotte State	NC Zip Code 28232-286	61 Country US
3. Principal place of business (if different than line 2)		
City State	Zip Code	Country
	re/Zip or Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Mrs. Martha McConnell (704) 355-6304 m	mcconnell@carolinas.org	58534-
7. Client Name Self		6. House ID#
Carolinas HealthCare System		352080
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Provide a good faith estimate, rounded to the nearest \$20,000,	e 12 OR Line 13 13. Organ EXPENSES relating to lobbying a were: Less than \$10,000	11. No Lobbying Acceptations activities for this reporting 480,000 heck box to indicate ex
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Printed Name and Title Greg Gombar, Executive Vice President, Chief Financial Officer

Registrant Name	Carolinas HealthCare	System	Client Name Carolinas HealthCare System
engaged in lobby	CTIVITY. Select as ring on behalf of the clequested. Attach addition	lient during the rep	essary to reflect the general issue areas in which porting period. Using a separate page for each eeded.
15. General issue	e area code BUD - Bu	dget/Appropriation	s (one per page)
l 6. Specific lobb	ying issues		
Transportatio Consolidated	n and Treasury Appro	priations bill; HR 5 nd all provisions re	and Education Appropriations bill; HR 5025, S 280 041, S 2825 VA HUD Appropriations; and HR 481- lated to the funding of hospital construction nes.
17. House(s) of (Congress and Federal	agencies contacte	d Check if None
United States	Congress and Federal s House of Representa		d Check if None
<u> </u>	s House of Representa		d Check if None
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Regi	strant Name	Carolinas	s HealthCa	re System		Client N	Came	arolinas Hea	IthCare Sys	tem
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16.	Specific lo	bbying iss	sues (cont	tinued fron	n previous	s page)				
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Reg	istrant Name	Carolinas Hea	ilthCare System		Client Name	Carolinas HealthCare System
-			Lobbying Issu	ie Area <u> </u>		
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Carolinas HealthCare System Registrant Name	Carolinas HealthCare System Client Name						
ADDENDUM for General Lobbying Issue	rea <u>MMM</u>						
16. Specific lobbying issues (continued from previous page)							
HR 4161 340B Program Revision and Expans 340B Prescription Drug Discount Plan and/or	on Act of 2004. Any provisions relating to the protection of the xpansion the program to rehabilitation hospitals.						
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Registrant Name Carolinas HealthCare System		Client Na	Client Name Carolinas HealthCar		
Information Upd	late Page - Complete ON	LY where regis	tration inform	ation has changed	
20. Client new address Address	5				
City		State	Zip Code	Country	
21. Client new princip	oal place of business (if different the	nan line 20)			
City		State	Zip Code	Country	
22. New general descri	ription of client's business or activ	ities			
LOBBYIST UPD.	ATE eviously reported individual w	ho is no longer e	xpected to act as	a lobbyist for the cli	
First Name	Last Name Suff		First Name	Last Name	
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AFFILIATED OI	g issues that no longer pertain				
25. Add the following	ng affiliated organization(s)	Address		Principal place of B (city and state or c	
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	Address C/S/Z			City State Coun	
	Address			City	
	C/S/Z			State	
26. Name of each pr	reviously reported organization	that is no longer		ne registrant or client	
1	2		3		
FOREIGN ENTI 27. Add the following					
Name	Address Street Address City State/Province	(city and	place of business state or country)	Amount of contribution for lobbying activities	
		City			
		State	Country		
· · · · · · · · · · · · · · · · · · ·	L viously reported foreign entity tha	t no longer owns,	or controls, or is a	iffiliated with the regist	
affiliated organizat	tion		<u>্</u> য		
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