

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
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SECRETARY OF THE SENATE

05 FEB 25 PM 1:53

LOBBYING REPORT

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

1. Registrant name
Organization **Advocate Health Care**

2. Address Check if different than previously reported
Address1 **2025 Windsor Drive**
City **Oak Brook** State **IL** Zip Code **60523** Country **US**

3. Principal place of business (if different than line 2)
City _____ State _____ Zip Code _____ Country _____
State/Zip or Country _____

4a. Contact Name Prefix Ms. Full Name Elyse Forkosh	b. Telephone number 630-990-5388	c. E-mail elyse.forkosh@advocatehealth.com	5. Senate ID # 83114-1
7. Client Name <input checked="" type="checkbox"/> Self Advocate Health Care	6. House ID # 364000		

TYPE OF REPORT 8. Year **2004** Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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"/> ⇨ \$ _____</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">13. Organizations</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 checked="" type="checkbox"/> ⇨ \$ 140,000</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions (Internal Revenue Code)</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title **Elyse Forkosh, Director, Government Relations**

Registrant Name Advocate Health Care Client Name Advocate Health Care

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

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

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Medical liability reform
Uninsured
Hospital Billing Issues
Hospital capital investments

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

U.S. House and Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	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

Registrant Name Advocate Health Care Client Name Advocate Health Care

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Labor-HHS FY 2005 Appropriations

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

U.S. House and Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Elyse Forkosh			

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

Registrant Name Advocate Health Care

Client Name Advocate Health Care

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Medicaid Reimbursement

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

U.S. House and U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	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

Add a page for a differ

Registrant Name Advocate Health Care

Client Name Advocate Health Care

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address				
City	State	Zip Code	Country	

21. Client new principal place of business (if different than line 20)

City	State	Zip Code	Country
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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

	First Name	Last Name	Suffix		First Name	Last Name
1				3		
2				4		

ISSUE UPDATE

24. General lobbying issues that no longer pertain

Find the code to select below

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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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	Overseas
	Street Address City State/Province Country	City State Country		

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

1	3	5
2	4	6

Add a page for more

Printed Name and Title Elyse Forkosh, Director, Government Relations

