

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  
02 AUG 15

## LOBBYING REPORT

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

1. Registrant Name CHILDREN'S HOSPITAL of AL dba CHILDREN'S HEALTH SYST			
2. Address <input type="checkbox"/> Check if different than previously reported N/A			
3. Principal Place of Business (if different from line 2) City: N/A State/Zip (or Country)			
4. Contact Name Suzanne Respress	Telephone 205/939 9652	E-mail (optional) suzanne.respress@chsus.org	5. Senate ID # 71974
7. Client Name <input type="checkbox"/> Self			6. House ID # 3586400

TYPE OF REPORT 8. Year 2002 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

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

12. Lobbying Firms	13. Organizations
<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>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>140,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. 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 checked="" type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature

*M. Suzanne Respress*

Printed Name and Title

M. SUZANNE RESPRESS, DIRECTOR, GOVT RELAT



Registrant Name CHILDREN'S HEALTH SYSTEM Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the re 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 (one per page)

16. Specific lobbying issues

Medicare Wage Index = S. 885  
Workforce Shortage = S. 1864  
Professional Liability Reform = no bill #  
Pediatric Graduate Medical Education Appropriation = no bill #  
Poison Control Ctr Funding Appropriation = no bill #  
Medicaid FMAP = S. 2110

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

House of Representatives  
U.S. Senate  
Dept of HHS/HRSA

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

Name	Covered Official Position (if applicable)
SUZANNE RESPRESS	DIRECTOR, GOVT RELATION
JIM DEARTH, MD	CEO AND PRESIDENT
FRED C. CRAWFORD	COORDINATOR, GOVT RELN

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

Signature M. Suzanne Respress Date August 1, 20  
Printed Name and Title M. SUZANNE RESPRESS, DIRECTOR - GOVT RE



Registrant Name CHILDREN'S HEALTH SYSTEM Client Name \_\_\_\_\_

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

20. Client new address

N/A

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

City

N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

N/A

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
N/A		

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

N/A

**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
N/A			

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

Signature M. Suzanne Respress Date August 1, 200

Printed Name and Title M. SUZANNE RESPRESS, DIRECTOR - GOVT RE

