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| Clerk of the House of Representatives | Secretary of the Senate |
|---|---|
| Legislative Resource Center | Office of Public Records |
| B-106 Cannon Building | 232 Hart Building |
| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY OF THE SENAT
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# LOBBYING REPORT

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

1. Registrant Name
Ascension Health

2. Address ☐ Check if different than previously reported
444 North Capitol Street, NW - Suite 837

3. Principal Place of Business (if different from line 2)
4600 Edmundson Road (City:) St. Louis, MO 63134 (State/zip (or Country))

| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
|---|---|---|---|
| Deloris Tinsley | (202) 628-1274 | dtinsley@ascensionhealth.org | 53301-12 |

7. Client Name ☑ Self — 6. House ID # 34974000

## TYPE OF REPORT

8. Year 2003 Midyear (January 1-June 30) ☑ **OR** Year End (July 1-Dece

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**

**INCOME** relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☐ ➪ $ _____
Income (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).

**13. Organizations**

**EXPENSES** relating to lobbying activities for this reporti period were:

Less than $10,000 ☐

$10,000 or more ☑ ➪ $ $210,000.00
Expenses (nearest $20,000)

**14. REPORTING METHOD.** Check box to indicate exp accounting method. See instructions for description of opt

☑ **Method A.** Reporting amounts using LDA definitio
☐ **Method B.** Reporting amounts under section 6033(b Internal Revenue Code
☐ **Method C.** Reporting amounts under section 162(e) Internal Revenue Code

Signature Deloris L. Tinsley Date 7/13/04

Printed Name and Title Deloris L. Tinsley, Executive Assistant

LD-2 (REV. 4/03)

Registrant Name Ascension Health Client Name

**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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare/Medicaid: Increasing provider funding; other improvements

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

House of Representatives
Senate
Department of HHS
White House

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

| Name | Covered Official Position (if applicable) |
|---|---|
| Susan Levy | |
| Mary Ella Payne | |
| Ken Braithwaite | |
| Deborah Veres | |
| | |
| | |
| | |

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

Signature Deloris L. Lindsey Date 7/13/04

Printed Name and Title Deloris L. Lindsey, Executive Assistant

Printed Name and Title [illegible]

Registrant Name Ascension Health Client Name

**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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Community Access Program: Increase Funding; in favor or authorization
Safety Net Lobby Issues: Increase funding

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

House of Representatives
Senate
Department of HHS
White House

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

| Name | Covered Official Position (if applicable) |
|---|---|
| Susan Levy | |
| Mary Ella Payne | |
| Ken Braithwaite | |
| Deborah Veres | |
| | |
| | |
| | |

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

Signature Debra L. Hensley Date 7/13/04

Debra L. Hensley, Executive Assistant

Registrant Name Ascension Health Client Name

## 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 activites

### LOBBYIST UPDATE

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

### 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 Bus (city and state or cou |
|---|---|---|
| | | |

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 | C p c |
|---|---|---|---|---|
| | | | | |

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

Signature Debris L. Yenley Date 7/13/04

Printed Name and Title [illegible]