Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE
99 MAR -8 PM 2:06
H.O.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration February 8, 1999

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name James P. Baker, Jr. & Associates

Address 1800 JFK Boulevard, Suite 502

City Philadelphia State PA Zip 19103

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

City State/Zip (or Country)

5. Telephone number and contact name

( ) 215-972-5558 Contact Jim Baker E-mail (optional) Bakerone@msn.com

6. General description of registrant's business or activities

Management Consultants

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name Keystone Mercy Health Plan

Address 200 Stevens Drive

City Philadelphia State PA Zip 19113-1570

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

City State/Zip (or Country)

9. General description of client's business or activities

Medical Managed Care Organization

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
James P. Baker, Jr.	

Form LD-1 (Rev. 06/98)

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Registrant Name James P. Baker, Jr. Ass Client Name Keystone Mercy Health Plan

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR INS MMM

12. Specific lobbying issues (current and anticipated)

Payment Design for Managed Care Organizations that provide services to Medicaid recipients (Medical Assistance) as adminstered by the Health Care Financing Administration

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a 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 matching 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 subsidizes 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	Ownership percentage in client

Signature James P Baker Jr Date 3/3/99

Printed Name and Title James P. Baker, Jr. Principal