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

SECRETARY OF THE SENATE
07 JAN 16 AM 8:01

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

*Check One:* ☑ New Registrant ☐ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 12

2. House Identification Senate Identification

## REGISTRANT ☑ Organization ☐ Individual

3. Registrant Organization Wise Carter Child & Caraway

Address 600 Heritage Building, 401 East Capitol Street Address2

City Jackson State MS Zip 39201 - Co

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

City State Zip - Co

5. Contact name and telephone number ☐ International Number

Contact Mr. C. Stevens Seale Telephone (601) 326-7706 E-mail css@wisecarter.com

6. General description of registrant's business or activities

Law Firm/ Attorney

## CLIENT

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

7. Client name Forrest General Hospital

Address P.O. Box 16389

City Hattiesburg State MS Zip 39404 - 6389 Co

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

City State Zip - Co

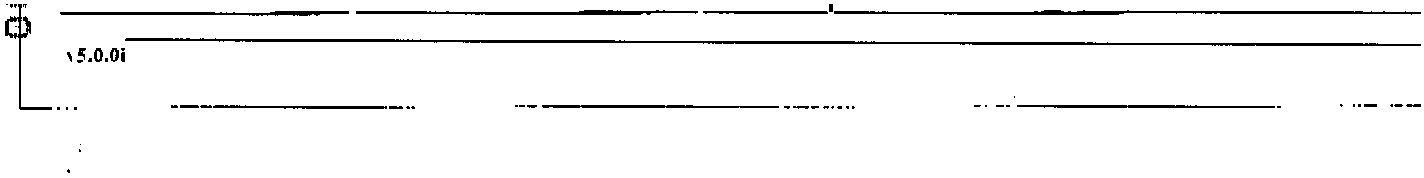
9. General description of client's busines or activities

Health Care

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

| Name | | | Covered Official Position (if applicable) |
|---|---|---|---|
| First | Last | Suffix | |
| C. Stevens | Seale | | |
| | | | |
| | | | |
| | | | |


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Registrant Wise Carter Child & Caraway Client Name Forrest General Hospital

## LOBBYING ISSUES

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

BUD HCR MMM

12. Specific lobbying issues (current and anticipated)

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant i 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 matcl criteria above, then proceed to line 14.

| Name | Address | | | | | Principal Place of Bu |
|---|---|---|---|---|---|---|
| | Street | | | | | |
| | City | State/Province | Zip Code | Country | | |
| | | | | | City | |
| | | | | | State | Country |
| | | | | | City | |
| | | | | | State | Country |
| | | | | | City | |
| | | | | | State | Country |

## FOREIGN ENTITIES

14. Is there any foreign entity

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 a 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 lobbying activity?

☑ No --> Sign and date the registration. ☐ Yes --> Complete the rest of this section for each entity matcl the criteria above, then sign the registration.

| Name | Address | | | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|---|---|---|---|---|---|
| | Street | | | | |
| | City | State/Province | Country | | |
| | | | | City | |
| | | | | State Country | |
| | | | | City | |
| | | | | State Country | |

Signature C. Stevens Seale Date 1/

Printed Name and Title C. Stevens Seale, Attorney