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 FEB 20 PM 2:56

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

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

1. Effective Date of Registration 01/

2. House Identification 35864 **Senate Identification** 71974

REGISTRANT ☑ Organization ☐ Individual

3. Registrant Organization CHILDREN'S HOSPITAL OF ALABAMA DBA CHILDREN'S HEALTH SYSTEM

Address 1600 7TH AVENUE SOUTH Address2

City BIRMINGHAM State AL Zip 35233 - Cou

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

City State Zip - Cou

5. Contact name and telephone number ☐ International Number

Contact Ms. Suzanne Respess Telephone (205) 939-9652 E-mail suzanne.respess@chsys.org

6. General description of registrant's business or activities

Non-profit pediatric health system in affiliation with an academic medical center

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 CHILDREN'S HOSPITAL OF ALABAMA DBA CHILDREN'S HEALTH SYSTEM

Address

City State Zip - Cou

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

City State Zip - Cou

9. General description of client's busines or activities

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 per 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	
M Suzanne	Respess		

10000131 50

LOBBYING ISSUES

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

BUD CSP DIS HCR LBR MED MMM TAX ECN

12. Specific lobbying issues (current and anticipated)

Labor/HHS/Education Appropriations
Medicaid and SCHIP programs and funding
Medicare Part D -- ESRD children, 340B programs
Tax exempt organizations

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 match criteria above, then proceed to line 14.

Name	Address (Street / City / State/Province / Zip Code / Country)	Principal Place of Busi
		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 act 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 lobbying activity?

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

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

Signature M Suzanne Respess **Date** Feb.

Printed Name and Title M. Suzanne Respess, Director of Government Relations

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