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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name New Jersey Hospital Association			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 605 Upland Place Alexandria, Va 22301			
3. Principal Place of Business (if different from line 2) Princeton New Jersey 08543 City: State/zip (or Country)			
4. Contact Name Kimberly Champi Krenik	Telephone (202) 365-8342	E-mail (optional) kchampi@njha.com	5. Senate ID # 29128-12
7. Client Name <input checked="" type="checkbox"/> Self self			6. House ID # 31221000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)
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**

<p align="center">12. Lobbying Firms</p> <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 align="center">13. Organizations</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 checked="" type="checkbox"/> ⇨ \$ <u>100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Date **August 14, 2004**

Printed Name and Title _____

Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Urged passage of a meaningful Medical Liability Reform bill in the House and Senate.

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

New Jersey Congressional Delegation (House and Senate).

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

Name	Covered Official Position (if applicable)
Kimberly Champi Krenik	

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

Signature *Kimberly Champi Krenik* Date 8/14/04

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Implementation of MMA bill, amending and delaying the 75 percent rehabilitation rule and Local Coverage Decisions, and adjusting wage index classifications.

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

New Jersey Congressional Delegation (House and Senate). Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
Kimberly Champi Krenik	

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

Signature  Date 8/14/04

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Urged Congress to oppose any cuts to Medicaid/Medicare in FY05 Budget.

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

New Jersey Congressional Delegation (House and Senate).

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

Name	Covered Official Position (if applicable)
Kimberly Champi Krenik	

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

Signature  Date 8/14/04

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Urged Passage of Pension Relief legislation.

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

New Jersey Congressional Delegation (House and Senate).

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

Name	Covered Official Position (if applicable)
Kimberly Champi Krenik	

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

Signature *K. Champi* Date 8/14/04

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

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 activities

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 Business (city and state or country)

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	On behalf of client

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

Signature  Date 8/14/04

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

