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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 1-1-2000

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Ohio Hospital Association

Address 155 East Broad Street, 15th Floor

City Columbus

State OH Zip 43215-3620

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(614) 221-7614

Contact Dobbie Wolfe

E-mail (optional) dobbiew@ohnet.org

6. General description of registrant's business or activities

Trade Association Representing Ohio's Hospitals

### 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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business 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 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) |
|-------------------|-------------------------------------------|
| John E. Callender |                                           |
| Jessie E. Cannon  |                                           |
|                   |                                           |
|                   |                                           |
|                   |                                           |

Registrant Name Ohio Hospital Association Client Name \_\_\_\_\_

### 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 BUD MMM IRS LBR GOV

12. Specific lobbying issues (current and anticipated)

\* H.R. 3075 Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act - restoration of Medicare/Medicaid funding to hospitals and other providers

\* H.R. 3065/S.1728 - exempting Ohio from Medicaid DSH hospital specific payment Cap

\* Anticipate efforts on Medicare reform - health care tax reform

### 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<br>(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<br>(city and state or country) | Amount of contribution for<br>lobbying activities | Ownership<br>percentage<br>in client |
|------|---------|------------------------------------------------------------|---------------------------------------------------|--------------------------------------|
|      |         |                                                            |                                                   |                                      |

Signature

John E. Callender

Date

01/03/00

Printed Name and Title

JOHN E. CALLENDER SENIOR Vice President