tierk 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

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## **LOBBYING REPORT**

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4a. Contact Na	ame Full Name	*******************	b. Telephor	ne number	************		c. E	-mail			5. Se	nate II	)#
Mr. 7. Client Nam	Jonathan M.	Self	(202) 756-	3352	iii liwin	ier@alsto	on.com				*****	1182 ouse IE	. manual (m. brother brother base)
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egistrant Name Alston & Bird			Client Name	Massachusetts Hospital Association				
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 cod information as requested. Attach additional page(s) as needed.								
15. General issue area code	MMM - Medicare	/Medicaid		(one per page)				
16. Specific lobbying issues		Add page to continue specific issues description for this issue						
Issues related to medicar and regulations!	e Modernization A	ct of 2003, Med	dicare and Me	dicaid Reconciliation provisions				
17. House(s) of Congress an	d Federal agencie	es contacted	Check if N	lone :=				
House of Representatives US Senate CMS								
18. Name of each individual		obbyist in this i	issue area A	dd a page to continue additing lobbyists for t				
First Name Last	•	uffix	Covered C	Official Position (if applicable)				
Marilyn								
Jennifer (Bell		Sei	nate Finance (	Comm-Health Policy Adv.				
Colin Roskey		Sei	hate Finance (	Comm <sup>a</sup> Health Policy Adv. & Cnsl.				
19. Interest of each foreign	entity in the speci	fic issues listed	l on line 16 at	oove Check if None				
				Add a page for a differ				

Printed Name and Title Jonathan M. Winer Partner Filing #18519707-0e09-4aec-8401-4a73f7934f50 - Page 3 of 6

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Registrant Name Alston & B	ird	j ·	Client N	ame Massachus	setts Hospital	Association	
Information Update	e Page - Co	mplete ONLY v	vhere regis	stration infor	mation has	changed.	·
20. Client new address	-						
Address Address							
City William			State	Zip Code		Country	
21. Client new principal p		s (if different than li	ne 20)				an hardeland
City personal registration			State	Zip Code		Country	
22. New general descripti	on of client's bu	isiness or activities	· · · · · · · · · · · · · · · · · · ·				e de la company
LOBBYIST UPDAT				_			
23. Name of each previous	ously reported	individual who is	no longer e	expected to act	as a lobbyist Last Name		nt Suf
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24. General lobbying is:	sues mai no io	nger pertain	Control of the second second				p
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AFFILIATED ORG	ANIZATIO	NS					
25. Add the following a	ffiliated organ	ization(s)					
Name		· · · · · · · · · · · · · · · · · · ·	Address		Princip	al place of Bu	sines
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	To the American Manager of the Control of the Contr	ldress S/Z			City C		
26 Name of each previ	ously reported	organization that	is no longe	r affiliated with	the registra	nt or client	
	ously reported		7.01 P.V. W.	<b>3</b>	The registra		
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FOREIGN ENTITII 27. Add the following for							
Name		Address	Principal	place of business	Amount of	contribution	Own
	Street Address City	State/Province Country		state or country)	for lobbyin	g activities	perc clien
			re granter		a l'accessa		1
			City				
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28. Name of each previou	ısly reported foi	reign entity that no l	onger owns,	or controls, or i	s affiliated wi	th the registr	ant, c
affiliated organization				74. T	7 K. S. G. S.		
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