

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

06 FEB 24 AM 11:

**LOBBYING REPORT**

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

1. Registrant name			
Organization		Alston & Bird	
2. Address <input checked="" type="checkbox"/> Check if different than previously reported			
Address 1		601 Pennsylvania Avenue NW	
City		State	DC
Zip Code		20004	
Country		US	
3. Principal place of business (if different than line 2)			
City		State	GA
Zip Code		30309	
Country		US	
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
Mr.	Jonathan M. Winer	(202) 756-3352	
		jwiner@alston.com	
7. Client Name		5. Senate ID #	
<input type="checkbox"/> Self		1182	
Massachusetts Hospital Association		6. House ID #	
		3174809	

**TYPE OF REPORT** 8. Year ☒ 2005 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 Act

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇒ \$ 40,000</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><b>13. Organizations</b></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"/> ⇒ \$</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form C

Printed Name and Title Jonathan M. Winer, Partner

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Registrant Name Alston & BirdClient 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 code 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 medicare Modernization Act of 2003, Medicare and Medicaid Reconciliation provisions and regulations

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

House of Representatives  
US Senate  
CMS

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for t

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Marilyn	Yager		
Jennifer	Bell		Senate Finance Comm-Health Policy Adv
Colin	Roskey		Senate Finance Comm-Health Policy Adv & Cnsl

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

Add a page for a differ

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Registrant Name Alston & BirdClient Name Massachusetts Hospital Association**Information Update Page - Complete ONLY where registration information has changed.****20. Client new address**

Address

City  State  Zip Code  Country

**21. Client new principal place of business (if different than line 20)**

City  State  Zip Code  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**

	First Name	Last Name	Suffix		First Name	Last Name	Suf
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ISSUE UPDATE**

Find the code to select below.

**24. General lobbying issues that no longer pertain****AFFILIATED ORGANIZATIONS****25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/>

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1  2  3

**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	Own perc client
<input type="text"/>	Street Address <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/>	<input type="text"/>

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

1  3  5   
2  4  6

Add a page for more u

Printed Name and Title Jonathan M. Winer, Partner




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