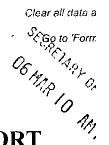
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

1. Registrant name				
Organization Hall, Render, Killian, Heath & Lyman				
2. Address Check if different than previously reported				
Address1 One American Square, Suite 2000	Box 82064			
City Indianapolis State I	N Zip Code 46282	Country USA		
3. Principal place of business (if different than line 2)				
City State City State/2	Zip Code Zip or Country	Country		
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#		
Mr. John Render 317-633-4884 cgoc	odwin@hallrender.com	17352-36		
7. Client Name Self Indiana Hospital&Health Association	**************************************	6. House ID# 30059000		
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	13. Organ			
	13. Organizations			
was:	EXPENSES relating to lobbying activities for this reporting p			
Less than \$10,000 🗵	Less than \$10,000			
\$10,000 or more	\$10,000 or more			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code			
A STATE OF THE STA		nts under section 162(e) of the I		
		Form Com		
Land to the state of the second second				
	No.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
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(T) 000016024

Printed Name and Title John C. Render, Chairman of the Board John C. Hender Filing #1a626f78-175e-4937-bf63-050dfaf0a463 - Page 1 of 6

Page _1___(

Registrant Name Hall, Render	, Killian, Heath & Lyman, P.C.	_ Client Name	Indiana Hospital&Health Association	
engaged in lobbying on bel	Y. Select as many codes as ne nalf of the client during the re Attach additional page(s) as n	porting period.	t the general issue areas in which the reg Using a separate page for each code, p	
15. General issue area code	HCR - Health Issues	<u> </u>	(one per page)	
16. Specific lobbying issues Add page to continue s		specific issues description for this issue		
Seeking financial improv	vements for Indiana hospitals			
17. House(s) of Congress a Indiana House Representa	nd Federal agencies contacte	ed Check if	`None	
Nai	al who acted as a lobbyist in ne st Name Suffix	i	Add a page to continue additing tobbyists for this difficial Position (if applicable)	
John Render				
19. Interest of each foreign	entity in the specific issues	listed on line 16	above Check if None	
			Add a page for a different	

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LD-2DS (Rev. 4.06)

Page 2 o

Registrant Name Hall, F	Render, Killian, Heath & Lyman, P.C.	Client Name _	ndiana Hospi	tal&Health Associatio	n
Information Upo	late Page - Complete ONLY v	vhere registrati	on inform:	ation has changed	d.
20. Client new addres.	S				
		State	Zip Code	Countr	υ
City	pal place of business (if different than li		Zip Code	Count	,
	par place of ousiness (if amorone man is	State Zip Code		Country	
City 22. New general desc	ription of client's business or activities	Julie	Lip Code		
LOBBYIST UPD	ATE reviously reported individual who is	no longer expect	ed to act as	a lobbyist for the cli	ent
First Name	Last Name Suffix	First Nam		Last Name	Suffix
2		4			
ISSUE UPDATE		Find the	e code to se	lect below.	-
24. General lobbyin	g issues that no longer pertain				
AFFILIATED OI	RGANIZATIONS	- W.W.			<u> </u>
	ng affiliated organization(s)				
Nam	е	Address	Principal place of Business (city and state or country)		
	Address			City	
	C/S/Z			State Cour	ıtry
	Address			City	
	C/S/Z	***		State	
26. Name of each pr	reviously reported organization that	is no longer affili		e registrant or client	•
1	2		3		
FOREIGN ENTI	TIES				
27. Add the followir					<u> </u>
Name	Address Street Address City State/Province Country	Principal place of (city and state or o		Amount of contribution for lobbying activities	Ownersh percenta client
		City			
		State Coun	itry		
28. Name of each prevafiliated organizat	viously reported foreign entity that no I	onger owns, <u>or</u> con	trols, <u>or</u> is af	filiated with the regis	trant, clie
	3		[5]		
<u>1</u> 2	4		<u> </u>		
			_	Add a page for	more upda

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