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04 JUN 17 PM 3:19

LOBBYING REPORT

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

1. Registrant Name JULIA CIORLETTI			
2. Address <input type="checkbox"/> Check if different than previously reported Massachusetts Hospital Association 499 S. Ca			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20003			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID # 2395
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-Dece

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 12/31/99

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definit

Method B. Reporting amounts under section 603 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Printed Name and Title **JULIA CIORLETTI**

