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Washington, DC 20510

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03 AUG -7 PM :

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 07/22/200

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Barnes & Thornburg

Address 11 South Meridian Street

City Indianapolis

State IN

Zip 46204

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

City n/a

State/Zip (or Country) n/a

5. Telephone number and contact name

(317) 231-7506

Contact Bonnie J. Lewis

E-mail (optional) bonnie.le

6. General description of registrant's business or activities

law firm

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10. Self

7. Client name Health and Hospital Corporation of Marion County

Address 3838 North Rural Street

City Indianapolis

State IN

Zip 46205-2930

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

City n/a

State/Zip (or Country) n/a

9. General description of client's business or activities

Public Hospital and Health Care

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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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) |
|--------------------------|---|
| <u>Jeffrey L. Taylor</u> | <u>n/a</u> |
| <u>Walt A. Sanders</u> | <u>n/a</u> |
| <u>Joseph E. Loftus</u> | <u>n/a</u> |

Robert T. Grand

n/a

Form LD-1 (Rev. 04/03)

Registrant Name Barnes & Thornburg Client Name Health and Hospital Corporation of Marion

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

MMM

12. Specific lobbying issues (current and anticipated)

Reimbursement of Medicaid funding

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regis a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activitie

No ⇔ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matchin criteria above, then proceed to line 14.

| Name | Address | Principal Place of Busin (city and state or countr |
|------|---------|--|
| | | |

FOREIGN ENTITIES

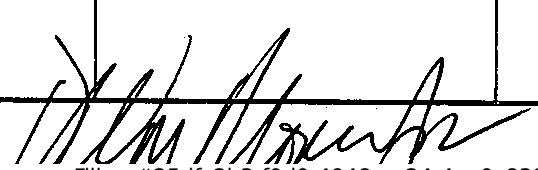
14. Is there any foreign entity that:


- 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 subsidi 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 outc of the lobbying activity?

No ⇔ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign and registration.

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|---|--|
| | | | |



Signature  Date 07/22/2000

Printed Name and Title D. William Moreau, Jr., Partner

Form LD-1 (Rev. 04/03)