

Clerk of the House of Representatives
Legislative Resource Center
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Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE

05 JAN 24 PM 4:13

LOBBYING REPORT

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

| | | | |
|---|----------------|-------------------|---------------------------|
| 1. Registrant Name New Jersey Hospital Association | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 605 Upland Place Alexandria, Va 22301 | | | |
| 3. Principal Place of Business (if different from line 2) Princeton New Jersey 08543 City: State/zip (or Country) | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Kimberly Champi Krenik | (202) 365-8342 | kchampi@njha.com | 29128-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self self | | | 6. House ID # 31221000 |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|--|--|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this report period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000) | \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>100,000.00</u> Expenses (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). | 14. REPORTING METHOD. Check box to indicate ex accounting method. See instructions for description of |
| | <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |

Signature

Date **January 13, 2005**

Printed Name and Title

Nancy Champagne, Director, Federal Relations

LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name New Jersey Hospital Association Client Name self

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 (one per page)

16. Specific lobbying issues

Wage index classifications, 75 Percent Rule on Rehabilitation, LTACH, Medicaid relief extensions, limited service provider issues.


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

New Jersey Congressional Delegation (House and Senate), Department of Health and Human Services, and Centers for Medicare and Medicaid Services.

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| Kimberly Champi Krenik | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 1/13/05

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

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 TOR (one per page)

16. Specific lobbying issues

Medical Liability Reform

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

New Jersey Congressional Delegation (House and Senate).

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| Kimberly Champi Krenik | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 1/13/05

Printed Name and Title Kimberly A. Champi, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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

City _____ State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bu (city and state or cou |
|------|---------|---|
| | | |


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

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 |
|------|---------|--|---|
| | | | |

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

Signature  Date 1/13/05

Printed Name and Title Kimberly Champi Krenik, Director, Federal Relations

