

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
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SECRETARY OF

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LOBBYING REPORT

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

1. Registrant Name Hall, Render, Killian, Heath & Lyman,			
2. Address <input type="checkbox"/> Check if different than previously reported One American Square, Suite 2000, Box 82064			
3. Principal Place of Business (if different from line 2) Indianapolis Indiana 46282 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
John C. Render	(317) 633-4884	jrender@hallrender.com	17352-12
7. Client Name <input type="checkbox"/> Self Hillsdale Community Health Center			6. House ID # 30059001

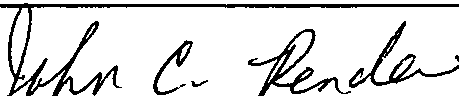
TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)</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 align="center">13. Organizations</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 type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of each method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature


Date August 10, 2004

Signature _____

Printed Name and Title _____

John C. Render, Chairman of the Board

LD-2 (REV. 4/03)

PAGE 1 c

Registrant Name Hall, Render, Killian, Heath & Lyman, Client Name Hillsdale Community Health Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Assisting our client in securing Medicare/Medicaid payments.

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

Michigan House and Senate Representatives and Senators

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

Name	Covered Official Position (if applicable)
John C. Render	

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

Signature John C. Render Date 8-10-04

Printed Name and Title JOHN C. KENDER, Chairman of the Board

Form LD-2 (Rec. 4/03)

Page 3

Registrant Name Hall, Render, Killian, Heath & Lyman, Client Name Hillsdale Community Health Cent

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 Business (city and state or country)

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, affiliated organization

Signature _____

John C. Render

Date _____

8-9-04

