

SECRETARY OF THE
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| 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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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, P.C. | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address 1 | One American Square, Suite 2000 | Box | 82064 |
| City | Indianapolis | State | IN |
| | | Zip Code | 46282 |
| | | Country | USA |
| 3. Principal place of business (if different than line 2) | | | |
| City | State | Zip Code | Country |
| | State/Zip or Country | | |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | John Render | 317-633-4884 | cgoodwin@hallrender.com |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| Porter Memorial Hospital | | | 17352 |
| | | | 6. House ID # |
| | | | 30059003 |

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|--|
| <p>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"/> ⇨ \$ _____</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>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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
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Form Comp

0000160241

Printed Name and Title John C. Render, Chairman of the Board *John C. Render*

Filing #37e6256b-7f5b-4e1b-98db-674f8070902c - Page 1 of 6

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Registrant Name Hall, Render, Killian, Heath & Lyman, P.C. Client Name Porter Memorial Hospital

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Secure Medicaid payment for hospital client.

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

Indiana House and Senate Members

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this is*

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| John | Render | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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Add a page for a different

Signature and Title: John C. Render, Chairman of the Board *J.C. Render*

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

JOHN C. KENDEL

LD-2DS (Rev. 4.06)

Page 2 of 6

Registrant Name Hall, Render, Killian, Heath & Lyman, P.C. Client Name Porter Memorial Hospital

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

Find the code to select below.

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|--|
| | Address | City |
| | C/S/Z | State Country |
| | Address | City |
| | C/S/Z | State |

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Street Address | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentag client |
|------|----------------|------------------------|--|---|----------------------------------|
| | City | State/Province Country | City | | |
| | | | State Country | | |

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

1

3

5

2

4

6

Add a page for more updates

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Printed Name and Title John C. Render, Chairman of the Board *John C. Render*

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