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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

SECRETARY OF THE SENATE

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.S.C.
2. Address Check if different than previously reported	
Hall, Render, Killian, Heath & Lyman, P.S.C.	One American Square, Suite 2000, B
City Indianapolis State IN	Zip Code 46282 Country U
3. Principal place of business (if different than line 2)	
City State City State/Zi	Zip Code Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID #
Mr. John C. Render 317-633-4884 jrend	ler@hallrender.com 17352-
7. Client Name Self	6. House ID #
Baker Health Care Consulting, Inc.	300590
10. Check if this is a Termination Report □ □ Termination Date INCOME OR EXPENSES - Complete Either Line 12	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this report: were:
Less than \$10,000	Less than \$10,000
\$10,000 or more 🗖 🔿 \$	\$10,000 or more □ => \$_
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate exaccounting method. See instructions for description of op
payments to the registrant by any other entity for lobbying activities on behalf of the client).	 Method A. Reporting amounts using LDA definitions Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	Method C. Reporting amounts under section 162(e) c Revenue Code

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

Form &

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, Registrant Name	lall, Render, Killian, He	eath & Lyman, P.S	Client Name Baker Health Care Consulting, Inc.
engaged in lobbyi	CTIVITY. Select as n ng on behalf of the cli quested. Attach additi	ent during the repor	sary to reflect the general issue areas in which the ting period. Using a separate page for each co ded.
15. General issue	area code	dicare/Medicaid	(one per page)
16. Specific lobby	ving issues	Add	t page to continue specific issues description for this issue $\left > \right $
Provide assist	ance to Baker Health (Care Consulting in se	ecuring Medicare payments/increases for clients.
17. House(s) of C	ongress and Federal a	gencies contacted	Check if None
	individual who acted Name Last Name	as a lobbyist in this	s issue area Add a page to continue additing lobbyists for Covered Official Position (if applicable)
First Name John	Render	3000	
19 Interest of eac	ch foreign entity in the	e specific issues list	ed on line 16 above 🔀 Check if None
	in torongin churty in the	e opeenie issues nat	

Add a page for a diff

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Printed Name and Title	John C. Render, Chairman of the Board	younc.	rende
LD-2DS (R J)		$\overline{\mathcal{O}}$	Page 🚄

Registrant Name Hall, Render, Killian, Heath & Lyman, P.S. Client Name Baker Health Care Consulting, Inc.

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

20. Client new addres	S			
Address				
City		State	Zip Code	Country
21. Client new princi	pal place of business (if	different than line 20)		
City		State	Zip Code	Country
LOBBYIST UPD				
23. Name of each p: First Name	reviously reported inc	ividual who is no longe	r expected to act as a lobil First Name Las	DY1ST IOF THE CHENT st Name
1		3		
2				

Find the code to select below.

ISSUE UPDATE

2

24. General lobbying issues that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Nan	ne	Address	Principal place of (city and state or	
	Address		City	
	C/S/Z		State Cou	mtry
	Address		City	
	C/S/Z	•	State	
26. Name of each p	reviously reported organization th	nat is no longer affiliated with	n the registrant or clier	ıt
1	2	3]	
FOREIGN ENTI 27. Add the followi				
Name	Address Street Address City	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O pe cli
		City		
		State Country		
28. Name of each pre affiliated organiza	eviously reported foreign entity that n tion	10 longer owns , or controls, <u>or</u> i	is affiliated with the regi	strant
П [°]	3	[5	

Add a page for more John C. Render

6

	John C. Render, Chairman of the Board
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