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Legislative Resource Center
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Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE
02 AUG 15 PM 12:13

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, P.S.C.			
2. Address <input type="checkbox"/> Check if different than previously reported One American Square, Suite 2000, Box 82064, Indianapolis, Indiana 46282			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name John C. Render	Telephone 317.633.4884	E-mail (optional) jrender@hallrender.com	5. Senate ID # 17352-36
7. Client Name <input type="checkbox"/> Self Indiana Hospital&Health Association			6. House ID # 3005900

TYPE OF REPORT 8. Year 2002 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definit

Method B. Reporting amounts under section 603:
Internal Revenue Code

Method C. Reporting amounts under section 162:
Internal Revenue Code

Signature

John C. Render

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

LD-2 (REV. 6/98)

P.

Registrant Name Hall, Render, Killian, Heath & Lyman, P.S.C. Client Name Indiana Hospital & Health Association

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 attach additional page(s) as requested.

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

16. Specific lobbying issues

Improvements in Medicare payments for hospitals.

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

Indiana 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 8/7/02

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

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