

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY

04 MAR -

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 John C. Render | Telephone (317) 633-4884 | E-mail (optional) jrender@hallrender.com | 5. Senate ID # 17352-12 |
| 7. Client Name <input type="checkbox"/> Self Baker Health Care Consulting, Inc. | | | 6. House ID # 30059001 |

TYPE OF REPORT 8. Year 2003 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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div> | EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div> |
| 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 accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA defini <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code |

Signature John C. Render Date February 4, 2004

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 Baker Health Care Consulting, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 Baker Health Care Consulting, Inc. in obtaining Medicare payment increases for its clients.

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

Contacted House, Senate and General Accounting Office and Health Care Financing Administration.

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 2-4-04

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

Form LD-2 (Rec. 4/03)

Page 3

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

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 2-4-04

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

Form LD-2 (Rev. 4/03)

Page 4