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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 <u>MA & TN Hospital Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported Address 1 <u>499 So. Capitol St., SW - Suite 411</u> City <u>Washington</u> State <u>DC</u> Zip Code <u>20003</u> Country <u>US</u>			
3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____			
4a. Contact Name Prefix <u>Ms.</u> Full Name <u>Kate Leeson</u>		b. Telephone number <u>202.863.1280</u>	c. E-mail <u>kleeson@mhalink.org</u>
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # <u>3577E</u>
			6. House ID # <u>3577E</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

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 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions c</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Katharine K. Leeson
Vice President, Federal Relations

Registrant Name MA + TN Hospital Assoc. Client Name _____

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

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

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

Medicare
medicaid

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

House, Senate, HHS (including CMS),
& White House

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Katharine	K. Leeson		Rep. Marty Meehan

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

Printed Name and Title Katharine K. Leeson 2/8/11

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