

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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SECRETARY OF THE SENATE

05 JAN 24 PM 4:14

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name			
Organization	Washington State Hospital Association		
2. Address <input type="checkbox"/> Check if different than previously reported			
300 Elliott Avenue West, Suite 300			
City	Seattle		
State	WA		
Zip Code	98119-4118		
Country	US		
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	5. Senate ID #
Prefix Full Name			
Ms. Kristen Michal	206-281-7211	kristenm@wsha.org	53037-
7. Client Name <input type="checkbox"/> Self			6. House ID #
Washington State Hospital Association			3493304

TYPE OF REPORT 8. Year 2004 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 Act

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 ⇨ \$ _____

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 ⇨ \$ 40,000

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

- Method A. Reporting amounts using LDA definitions
- Method B. Reporting amounts under section 6033(b)(4) Internal Revenue Code
- Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Form C

Printed Name and Title _____

Registrant Name Washington State Hospital Association Client Name Washington State Hospital Associa

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 code** 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* 

25 bed critical access hospital rule
Critical Access hospital lab cost based reimbursement
S.2426 and HR4257 The Critical Access to Lab Reimbursement Act

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

House of Representatives
Senate

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		Covered Official Position (if applicable)
	Last Name	Suffix	
Kristen	Michal		

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

Add a page for a diffe

Printed Name and Title

LD-2DS (REV. 4/03)

Page 2

Printed Name and Title

LD-2DS (RM)

Page 3

Registrant Name Washington State Hospital Association Client Name Washington State Hospital Associat

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

5

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)
Association of Washington Public Hospital Districts	Address 300 Elliott Avenue West, Suite 300 C/S/Z Seattle WA 98119 Address C/S/Z	City Seattle State WA Country City 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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow per clie
Street Address 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, affiliated organization

1

3

5

2

4

6

Add a page for more

Printed Name and Title

RANDY CREVELLE, VP, POLICY AND *Auk*