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SECRETARY OF THE SENATE
03 FEB 25 PM 3: 37

LOBBYING REPORT

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

1. Registrant Name Nebraska Hospital Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1640 L Street, Suite D			
3. Principal Place of Business (if different from line 2) City: Lincoln State/Zip (or Country) NE 68508			
4. Contact Name Karen Peppmuller	Telephone (402) 458-4900	E-mail (optional) kpeppmuller@nhanet.org	5. Senate ID # 55028
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 351171

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Decer

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

<p align="center">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"/> ⇒ \$ _____ Income (nearest \$20,000)</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 align="center">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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code</p>
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Signature _____

Laura J. Redoutey

Printed Name and Title _____

Laura J. Redoutey, President

LD-2 (REV. 6/98)

P2

Registrant Name Nebraska Hospital Association Client Name _____

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

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

16. Specific lobbying issues

The following bills related to healthcare issues were discussed: HR 4954, HR 2490, HR 1609/S885, HR 1556/S839, S 3018, S 776, S 2110, S2547, HR 4600, HR 4515/S2615

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

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Laura J. Redoutey, FACHE	

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

Signature Laura Redoutey Date 2-10-03
Filing #591500c0-03c5-4ecb-919e-5cdd45343b5d - Page 3 of 4

Printed Name and Title Laura J. Redoutey, President

[Handwritten mark]

Form LD-2 (Rev. 6/98)

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