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04 APR -6 PM

LOBBYING REPORT

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

1. Registrant Name Healthcare Financial Management Association			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported Address City Washington State/Zip (or Country) DC 20036 USA			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name Marjorie Parker	Telephone 202-296-2920	E-mail (optional) mparker@hfma.org	5. Senate ID # 17922-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

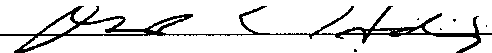
TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec

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 Lobbyi

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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(i Internal Revenue Code

Signature  Date 2/23/2004

Printed Name and Title Richard L. Gundling - Vice President Pag

Registrant Name: Healthcare Financial Management Association

Client Name: Self

Item	Description	Data
2a	Registrant Address 1	1301 Connecticut Avenue NW, Suite 300

