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LOBBYING REPORT

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

1. Registrant Name
Indiana Hospital&Health Association

2. Address ☐ Check if different than previously reported
One American Square, Post Office Box 82063, Indianapolis, IN 46282

3. Principal Place of Business (if different from line 2)
City | State/Zip (or Country)

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Laura Ward	317/633-4870	lward@inhha.org	3049400

7. Client Name ☒ Self	6. House ID #
	3049400

TYPE OF REPORT 8. Year 1999 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 Activity ☐

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 ☐ ⇒ $_____
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than $10,000 ☒

$10,000 or more ☐ ⇒ $_____
Expenses (nearest $20,000)

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

☐ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Laura J. Ward

Printed Name and Title Laura J. Ward, Secretary

INITIAL

LD-2 (REV. 6/95)

PAGE 1 of 1