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## LOBBYING REPORT

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

04 AUG 19 AM 11:17

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

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

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 Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> 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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of:
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Richard L. Gundling - Vice President** \_\_\_\_\_ Pa



Registrant Name: **Healthcare Financial Management Association**

Client Name: **Self**

Item	Description	Data
2a	<b>Registrant Address 1</b>	<b>1301 Connecticut Avenue NW, Suite 300</b>

