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# LOBBYING REPORT

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

1. Registrant Name <u>MA and TN Hospital Associations</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>499 So. Capitol St, SW Suite 410</u>			
3. Principal Place of Business (if different from line 2)			
City: <u>Washington</u>	State/Zip (or Country) <u>DC</u>	<u>20003</u>	
4. Contact Name <u>Kate Leeson</u>	Telephone <u>(202) 863-1280</u>	E-mail (optional) <u>kleeson@mhalink.org</u>	5. Senate ID # <u>3577</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>3577</u>

**TYPE OF REPORT** 8. Year 2002 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____  <small>Income (nearest \$20,000)</small></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><b>13. Organizations</b></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"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6031 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature Katharine K. Leeson 11/18/02



Registrant Name MA and TN Hospital Associations Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

Medicare  
Medicaid

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

House, Senate, HHS (including CMS), White H

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

Name	Covered Official Position (if applicable)
<u>Katharine K. Leeson</u>	<u>Rep. Marty Meehan</u>

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

Signature Katharine K. Leeson Date 1-18-0

Printed Name and Title Katharine K. Leeson, Director of Federal R

