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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>HealthCare Institute of New Jersey</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1350 Liberty Avenue, Bldg. 22, P.O. Box 813</u>			
3. Principal Place of Business (if different from line 2) City: <u>Hillside</u> State/zip (or Country) <u>N.J. 07205</u>			
4. Contact Name <u>William R. Healey, Exec. V.P.</u>	Telephone <u>908-624-9888</u>	E-mail (optional) <u>healey@hini.org</u>	5. Senate ID # <u>7225</u>
7. Client Name <input 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>140,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Date February 16,

Printed Name and Title William K. Healey, Executive Vice President

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Health Care Inst. of N.J. Client Name _____

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

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

16. Specific lobbying issues

(see attached)

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. Senate
U.S. House of Representatives
Centers for Medicare & Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
Robert D. Franks	
Sarah G. Kan	
William R. Healey	
Steven Issenman	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature William R. Healey Date February 16,
Printed Name and Title William R. Healey, Executive Vice President

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