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## LOBBYING REPORT

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

1. Registrant Name Holt, Ross & Mulroy			
2. Address <input type="checkbox"/> Check if different than previously reported 601 Pennsylvania Avenue, NW, South Building, Suite 900			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20004			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Kyle Mulroy	(202) 220-3084		68718
7. Client Name <input type="checkbox"/> Self New Jersey Hospital Association			6. House ID # 357491

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-Decen

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 checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> 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><b>13. Organizations</b></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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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 type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code</p>
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Signature

*Kyle Mulroy*  
Filing #c6406570-2368-4d59-8aeb-ab8d54b33c19 - Page 1 of 4

Signature \_\_\_\_\_



Printed Name and Title \_\_\_\_\_

Kyle Mulroy, Vice President

LD-2 (REV. 6/98)

P2

Registrant Name Holt, Ross & Mulroy Client Name New Jersey Hospital Association

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

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

16. Specific lobbying issues

Medicare policy with potential to impact hospitals.

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

House, Senate

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

Name	Covered Official Position (if applicable)
Kyle Mulroy	
Gene Mulroy	

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

Signature *Kyle Mulroy* Date 2/11/03

Printed Name and Title Kyle Mulroy, Vice President

Form LD-2 (Rev. 6/98)

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