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# LOBBYING REPORT

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

1. Registrant Name <b>Yale-New Haven Hospital</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>20 York Street</b>			
3. Principal Place of Business (if different from line 2) City: <b>New Haven</b> State/Zip (or Country) <b>CT 06504</b>			
4. Contact Name <b>Kyle Ballou</b>	Telephone <b>(203) 688-2503</b>	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

**TYPE OF REPORT** 8. Year 2003 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

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

<p align="center"><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"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$10,000, 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 align="center"><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"/> ⇒ \$ _____ 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 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Kyle Ballou

Printed Name and Title <sup>0 /</sup> Kyle Ballou, Administrative Director, Government and Communi

LD-2 (REV. 6/98)

F

Registrant Name Yale-New Haven Hospital Client Name "self"

**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 and provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare, indirect medical education, market basket;  
Area Wage Index Issues

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

Meeting with Connecticut Congressional delegation (House and Senate)

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

Name	Covered Official Position (if applicable)
Kyle Ballou	

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

Signature Kyle Ballou Date \_\_\_\_\_

