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03 SEP -5 PM 9: :

## LOBBYING REPORT

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

|  |  |  |  |
|--|--|--|--|
| 1. Registrant Name<br><b>Healthcare Financial Management Association</b>   |  |  |  |
| 2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported<br>Address<br>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)<br>City State/Zip (or Country)   |  |  |  |
| 4. Contact Name<br><b>Marjorie Parker</b>  |  |  | 5. Senate ID #<br><b>17922-12</b>            |
| Telephone<br><b>202-296-2920</b>   |  |  | E-mail (optional)<br><b>mparker@hfma.org</b> |
| 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-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 Lobbyi

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

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <p><b>INCOME</b> 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"/> &gt;&gt; \$ _____<br/>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>EXPENSES</b> 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"/> &gt;&gt; \$ _____<br/>Expenses (nearest \$20</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162( Internal Revenue Code</p> |

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

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

Registrant Name: **Healthcare Financial Management Association**

Client Name: **Self**

| Item | Description          | Data                                  |
|------|----------------------|---------------------------------------|
| 2a   | Registrant Address 1 | 1301 Connecticut Avenue NW, Suite 300 |

