

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY  
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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>Hall, Render, Killian, Heath &amp; Lyman, P.C.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>One American Square, Suite 2000 Box 82064 Indianapolis IN 46282 USA</b>			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name <b>Mr. John Render</b>	b. Telephone number <b>317-633-4884</b>	c. E-mail <b>cgoodwin@hallrender.com</b>	5. Senate ID # <b>17352-36</b>
7. Client Name <input type="checkbox"/> Self <b>Indiana Hospital&amp;Health Association</b>	6. House ID # <b>30059000</b>		

**TYPE OF REPORT** 8. Year **2006** 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 Activity

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</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 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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

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Digitally signed by John C Render DN: cn=John C Render, o=US, c=US, email=John.C.Render@hrc.govDate: 2006.08.22 11:16:53 -0400	Senate Password _____	Edit Form >	File with Hc
Signature <b>John C Render</b>	Date <b>8/22/2006</b>	File with Sei	



Registrant Name Hall, Render, Killian, Heath & Lyman, P.C.

Client Name Indiana Hospital&Health 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,** p information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Seeking financial improvements for Indiana hospitals

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

Indiana House Representative and Senators

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

Name	Covered Official Position (if applicable)
John Render	

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

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Signature \_\_\_\_\_

Date 8/22/2006

Printed Name and Title John C. Render



Registrant Name Hall, Render, Killian, Heath & Lyman, P.C. Client Name Indiana Hospital&Health Association

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State/Zip \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature \_\_\_\_\_ Date 8/22/2006

Printed Name and Title John C. Render

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