

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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LOBBYING REPORT

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

1. Registrant name Barnes & Thornburg LLP			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 750 17th Street N.W., Washington, D.C. 20006-4607			
3. Principal Place of Business (if different from line 2) 11 South Meridian Street			
City	Indianapolis	State/Zip (or Country)	Indiana 46204
4. Contact Name Bonnie J. Lewis	Telephone 317-231-7506	E-mail (optional) bonnie.lewis@btlaw.com	5. Senate ID # 5404-758
7. Client Name <input type="checkbox"/> Self Health and Hospital Corporation of Marion County			6. House ID # 30212036

TYPE OF REPORT 8. Year 2004 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

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

Signature _____

Printed Name and Title _____

Registrant Name Barnes & Thornburg LLP Client Name Health and Hospital Corporation of Marion County

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

Reimbursement of Medicaid funding; Lugar/Bayh provision; Medicare Reform Bill

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

**U.S. House of Representatives
U.S. Senate
Health and Human Services (HHS)
The 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)
Jeffrey L. Taylor	n/a
Robert T. Grand	n/a

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Barnes & Thornburg LLP Client Name Health and Hospital Corporation of Marion Coun

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

20. Client new address

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

City _____ State/Zip (or Country) _____

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 previously reported that **no longer** pertain **n/a**

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s) **n/a**

Name	Address	Principal Place of Busin (city and state or count

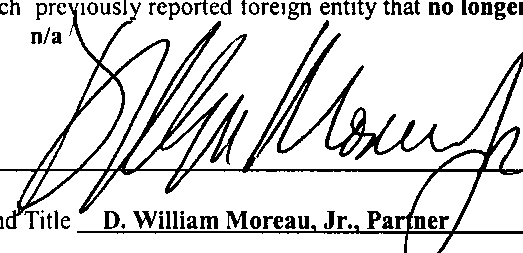
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client **n/a**

FOREIGN ENTITIES

27. Add the following foreign entities **n/a**

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C p c

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

Signature  Date 8/9/04
 Printed Name and Title D. William Moreau, Jr., Partner

