Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF TH
03 AUG -8 PM

LOBBYING REPORT

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

1. Registrant Name
Hunton & Williams

2. Registrant Address ☐ Check if different than previously reported
Address **1900 K Street, N.W.**
City **Washington** State/Zip (or Country) **DC 20006**

3. Principal Place of Business (if different from line 2)
City State/Zip (or Country)

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Frederick H. Graefe	**202-778-2218**		**18978 431**

7. Client Name ☐ Self	6. House ID #
Federation of American Hospitals	**30471 027**

TYPE OF REPORT

8. Year **2003** Midyear (January 1-June 30) ☒ **OR** Year End (July 1-Dece

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

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☒ >> $ **$60,000.00**
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this repo period were:

Less than $10,000 ☐

$10,000 or more ☐ >> $ _____
Expenses (nearest $20,

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of o

☐ **Method A.** Reporting amounts using LDA definitic

☐ **Method B.** Reporting amounts under section 6033(the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e Internal Revenue Code

Signature _____ Date **08/08/2003**

Signature _____ Date _____

Printed Name and Title **Patricia Purdy - Public Policy Advisor** Pag

Registrant Name: **Hunton & Williams**

Client Name: **Federation of American Hospitals**

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

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

16. Specific Lobbying issues
Medicare issue in the 107th Congress.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None
Department of Health & Human Services
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Graefe, Frederick H.	
Messinger, Roberta J.	
Purdy, Patricia	

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

Signature Date **08/08/2003**

Signature _____ Date _____

Printed Name and Title **Patricia Purdy - Public Policy Advisor** Pag

Registrant Name: **Hunton & Williams**

Client Name: **Federation of American Hospitals**

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
Epley, Mark D.
Friedman, Francine E.
Miller, James F.

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busi (city and state or coun

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	(

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

Signature Date **08/08/2003**

Signature _____ Date _____

Printed Name and Title **Patricia Purdy - Public Policy Advisor** Pag