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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? ☐ Yes ☒ No

1. Effective Date of Registration 01/01/20

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Prefix Mr. First David Last Kensinger

Address 555 S Kansas Avenue, Suite 302

City Topeka State KS Zip 66603-3410 U

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name Prefix Full Name

785-232-4377 Contact Mr. David Kensinger E-mail dkensinger@kensingeranda

6. General description of registrant's business or activities

Self-employed public affairs consultant

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check the labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Via Christi Health System

Address 3720 E Bayley

City Wichita State KS Zip 67218 Country U

8. Principal place of business (if different than line 7)

City State Zip Country

9. General description of client's business or activities

Catholic hospital system

LOBBYISTS

Go to page 3 to add mor

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any persor section has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
David	Kensinger		Chief of Staff to US Senator Sam Brownback
Matthew	Hickam		

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Registrant Name David Kensinger Client Name Via Christi Health System

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyi

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCR MMM

12. Specific lobbying issues (current and anticipated)

Medicare reimbursement rates

Sole community hospital designations

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orga

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matchin criteria above, then proceed to line 14.

Name	Address	Principal place of Busine (city and state or count

FOREIGN ENTITIES

Go to page 3 to add more fore

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes a the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each ent matching the criteria above, then sign and da registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Form Co

Printed Name and Title David Kensinger, President

Go

Registrant Name David Kensinger

Client Name Via Christi Health System

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, num

Name	Address	Principal place of Busine (city and state or count

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	per
	Street Address City	State/Province	Country			

Add an additional supplementary informa

Printed Name and Title David Kensinger, President