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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: ☐ New Registrant ☑ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 04/

2. House Identification 36550 **Senate Identification** 86174

REGISTRANT ☑ Organization ☐ Individual

3. Registrant Organization American Capitol Group

Address 122 C STREET, NW SUITE 500 Address2

City WASHINGTON State DC Zip 20001 - Cou

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

City State Zip - Cou

5. Contact name and telephone number ☐ International Number

Contact Mr. dave larson Telephone (202) 628-3750 E-mail dave@americancapitolgroup.co

6. General description of registrant's business or activities

Government Relations Firm

CLIENT

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

7. Client name Allscripts

Address 2401 Commerce Drive

City Libertyville State IL Zip 60048 - Cour

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

City State Zip - Coun

9. General description of client's busines or activities

Healthcare technology Company

LOBBYISTS

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 perso this 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			Covered Official Position (if applicable)
First	Last	Suffix	
Jim	Link		

30006027

Registrant American Capitol Group Client Name Allscripts

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

Counterfeit Drug Issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant ir 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 matchi criteria above, then proceed to line 14.

Name	Address					Principal Place of Busi
	Street					
	City	State/Province	Zip Code	Country		
					City	
					State	Country
					City	
					State	Country
					City	
					State	Country

FOREIGN ENTITIES

14. Is there any foreign entity

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 act 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 of lobbying activity?

☑ No --> Sign and date the registration. ☐ Yes --> Complete the rest of this section for each entity matchin the criteria above, then sign the registration.

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

0000032828

Signature ✓ Digitally Signed By: david m larson

US, DST ACES Business Representative, LARSON DODD STEWART AND MYRICK LLC, david m larson

Date 05/10/2

Printed Name and Title Dave Larson, Partner