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SECRETAR
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 02/01/200

2. House Identification Number 31258

Senate Identification Number 11630

REGISTRANT

3. Registrant name Davidson & Company

Address 555 12th Street, NW, Suite 710

City Washington State DC Zip 20004 US

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

City State Zip

5. Telephone number and contact name

202-638-1101 Contact Ms. Karen Blitz E-mail kgb@davidsondc.com

6. General description of registrant's business or activities

lobbying firm/consulting firm

CLIENT

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

7. Client name University of Kansas Medical Authority

Address 2330 Shawnee Mission Parkway

City Westwood State KS Zip 66205 US

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

City State Zip

9. General description of client's business or activities

University

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 person lis section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Teddy Eynon	

10001821155

Registrant Name Davidson & Company Client Name University of Kansas Medical Authority

LOBBYING ISSUES

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

BUD

12. Specific lobbying issues (current and anticipated)

Appropriations

AFFILIATED ORGANIZATIONS

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 matching t criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

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 activ 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 t lobbying activity?

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

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow perc in

Edit Form > | File with H

Senate Password | File with S

Signature Karen Blitz Digitally signed by Karen Blitz DN: CN = Karen Blitz, C = US, O = DST Aces Unaffiliated individual Reason: I attest to the accuracy and integrity of this document Date: 2006.02.07 11:41:20 -05'00' Date 2/7/2006

Printed Name and Title Karen Blitz, Director

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