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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 **7/1/2005**

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **Laura L. Allendorf**

Address **9009 Avis Court**

City **Vienna** State **VA** Zip **22182**

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

City State/Zip (or Country)

5. Telephone number and contact name Contact E-Mail (optional)

6. General description of registrant's business or activities

Lobbying and government relations consulting

CLIENT

A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shou labeled "Self" and proceed to line 10. ☐ Self

7. Client Name **Society of Hospital Medicine**

Address **190 North Independence Mall West**

City **Philadelphia** State **PA** Zip **19106**

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

City State/Zip (or Country)

9. General description of client's business or activities

Association representing hospitals

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

Name	Covered Official Position (if applicable)
Laura L. Allendorf	

[redacted]istrant Name: **Laura L. Allendorf**

Client Name: **Society of Hospital Medicine**

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

Medicare physician payment

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 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 criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or coun
NONE	,	

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 activities of 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 the lobbying activity?

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

Name	Address	Principal Place of Business (city and state or country)	Amount of contributio for lobbying activities
NONE	,		**$0.00**

Signature Laura L. Allendorf Date **8/15/2005**

Printed Name and Title **Laura L. Allendorf -**

Printed Name and Title

Form LD-1 (Rev. 06/98)