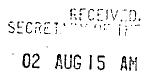
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	k if this is an Amended Registration 1. Effective Date of Registration 1/1/20					
2. House Identification Number		Senate Identification Number				
REGISTRANT 3. Registrant name McGuireWoods Consultir	ng					
Address 1050 Connecticut Avenue, NW S	 Suite 120	0				
City Washington		•••••	State DC	Z	ip 20036	
4. Principal place of business (if different from l City Richmond			State/Zip (o	r Country)	VA 22319	
5. Telephone number and contact name (202) 857-2912	Contact	Stephen Ka	tsurinis	E-mail	(optional)	
6. General description of registrant's business of Government Relations	r activities	3	***************************************	***************************************	_	
CLIENT A Lobbying firm is required to file a separal labeled "Self" and proceed to line 10. 7. Client name Inova Health System	rate registra Self	tion for each clien	t. Organizations	employing in	-house lobbyists should ci	
Address 8110 Gatehouse Road, Suite	200 Eas	t Tower				
City Falls Church			State VA	Zij	P 22042	
8. Principal place of business (if different from City	line 7)		State/Zip (or Country))	
9. General description of client's business or act	tivities				••••	
LOBBYISTS 10. Name of each individual who has acted or is enthis section has served as a "covered executacting as a lobbyist for the client, state the enthis section."	tive branc	h official" or "	covered legisla	ent identifie ative brancl	n official" within two	
Name			· ·		al Position (if applica	
Stephen Katsurinis			<u>.</u>			
L.F. Payne			•••			
Frank Donatelli			***			
Hana Brilliant			***			

Registrant Name	McGuireWoods	Consulting	Client Name	Inc.	Inova Health System	
LOBBYING 11. General lobbying		lect all applicab	le codes listed in instruct	ions and on the r	everse side of Form LI	
BUD					-	
12. Specific lobbyi	ng issues (current	and anticipated))			
Seek federal	appropriations fo	or non-profit ho	spital system			
	ty other than the	e client that cor	ntributes more than \$10 part plans, supervises			
⊿ No⇔(Go to line 14.		Yes Complete the rest of this section for each the criteria above, then proceed to line			
N	lame		Address		Principal Place of B (city and state or co	
FOREIGN EN	reign entity that		shin in ah a aliana			
b) direc	tly or indirectly	, in whole or ir	ship in the client or any major part, plans, sup	pervises, contro		
c) is an		client or any or	ization identified on li ganization identified o		as a direct interest in	
☑ No ⇔ Sig	n and date the re	egistration.	n		st of this section for diteria above, then sign	
Name		Address	bu	oal place of siness tate or country)	Amount of contribution for lobbying activities	
Signature	Jar	- kae		Date	2/11/200	
Printed Name an		6768-4089-b39c	Katsurinis -651c75a296b9 - Page 3	of 4	President	

Form LD-1 (Rev. 06/98)