

U.S. House of Representatives
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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

| | | | |
|---|----------------|---------------------------------|----------------|
| 1. Registrant name | | | |
| Organization | | Synergy Partners, Inc. | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address1 #302 | | 11006 Veirs Mill RD, STE L15 | |
| City Silver Spring | State MD | Zip Code 20902 | Country U |
| 3. Principal place of business (if different than line 2) | | | |
| City | State | Zip Code | Country |
| City State/Zip or Country | | | |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix Full Name | | | |
| Mr. Kevin Talley | (301) 754-1166 | kevin.talley@TheSynergyFirm.com | 5. Senate ID # |
| | | | 368220 |
| 7. Client Name <input type="checkbox"/> Self | | | 6. House ID # |
| Clarion Hospital | | | 368220 |

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ ⇒ Termination Date 12/31/2005

11. No Lobbying Act ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|---|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |
|---|---|

Form



Printed Name and Title Kevin Talley, President & CEO

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Page 1

Client Name **Clarion Hospital**

15. General issue area code BUD - Budget/Appropriations (one per page)

Add page to continue specific issues description for this issue

US Congress
US Senate

[illegible]

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Add a page for a different

UN
-
CO
CO
-
CO
CO
CO

Printed Name and Title kevin Talley, President & CEO

Kevin Talley *2/13/8*

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