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LOBBYING REPORT

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

Registrant Name Hunton & Williams		
 Registrant Address ☐ Check if differe Address 1900 K Street, N.W. City Washington 	nt than previously reported State/Zip (or Country) DC 20006	
3. Principal Place of Business (if different from City	n line 2) State/Zip (or Country)	
4. Contact Name Frederick H. Graefe	Telephone E-mail (optional) 5. Sens 202-778-2218 1897	nte ID # 8 455
7. Client Name		se ID #
0. Check if this is a Termination Rep		•
0. Check if this is a Termination Rep	S - Complete Either Line 12 OR Line 13	•
0. Check if this is a Termination Rep	ort	Lobl
0. Check if this is a Termination Rep INCOME OR EXPENSE 12. Lobbying Fi INCOME relating to lobbying activi	rms 11. No 2S - Complete Either Line 12 OR Line 13 13. Organizations ties for this reporting EXPENSES relating to lobbying activities for	
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Signature			
•	(
Printed Name and Title	Frederick H. Graefe -	Partner	
Printed Name and Title		7 tor divor	

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Regi	strant Name:	Hunton & Williams						
Clier	lient Name: The Children's Mercy Hospital							
enga	ged in lobbyin	IVITY. Select as many codes as necessary g on behalf of the client during the reportinested. Attach additional page(s) as needed	to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide.					
15.	General issue	eneral issue area code MMM (one per page)						
16.	Specific Lobb Medicare co	oying issues verage for children's hospitals.						
17.	Depatment of	Congress and Federal agencies contacted f Health & Human Services presentatives	☐ Check if None					
18.	Name of each	n individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)					
	Graefe, Free	Josiak U						
	Miller, Jam							
19.	Interest of ea	ach foreign entity in the specific issues liste	ed on line 16 above Check if None					

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Signature		 Date
Printed Name and Title	Frederick H. Graefe - Partner	