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## LOBBYING REPORT

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

1. Registrant Name <b>Holland &amp; Knight LLP</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>2099 Pennsylvania Ave., Suite 100</b>			
3. Principal Place of Business (if different from line 2)  City: <b>Washington</b> State/Zip (or Country): <b>DC 20006</b>			
4. Contact Name <b>Marianne Poss</b>	Telephone <b>(202)828-5011</b>	E-mail (optional) <b>mposs@hklaw.com</b>	5. Senate ID # <b>18466-24</b>
7. Client Name <input type="checkbox"/> Self <b>Allina Health Systems</b>			6. House ID # <b>30825-042</b>

**TYPE OF REPORT** 8. Year 2000 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 \_\_\_\_\_

11. No Lobbying Activity ☐

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organization
<b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000</u> Income (nearest \$20,000)  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).	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Marianne Poss

Printed Name and Title Marianne Poss, Executive Assistant

Page 1 of 2

Registrant Name Holland & Knight LLP Client Name Allina Health Systems

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Federal government relations advice in connection with public health issues, medicare, medicaid, patients' rights.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

The House of Representatives  
The Senate  
Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Gerry E. Sikorski, Partner		<input type="checkbox"/>
Michael Gillis, Legislative Assistant		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Marianne Puss Date 2/17/01

Printed Name and Title Marianne Puss, Executive Assistant

WAS1 #861102v1

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Registrant Name Holland & Knight LLP

Client Name Allina Health Systems

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Federal government relations advice in connection with public health issues, medicare, medicaid, patients' rights.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

The House of Representatives  
The Senate  
Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Gerry E. Sikorski, Partner		<input type="checkbox"/>
Michael Gillis, Legislative Assistant		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Marianne Poss Date 2/14/18

Printed Name and Title Marianne Poss, Executive Assistant

WAS1 #361102v1

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