

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

SF102  
0700

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 08/

2. House Identification \_\_\_\_\_

Senate Identification \_\_\_\_\_

**REGISTRANT**  Organization  Individual

3. Registrant Organization Indiana Regional Medical Center (IRMC)

Address 835 Hospital Road Address2 \_\_\_\_\_

City Indiana State PA Zip 15701 - Cou \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Cou \_\_\_\_\_

5. Contact name and telephone number

International Number

Contact Ms. Heather C. Reed Telephone (724) 357-8174 E-mail hreed@indianarmc.org

6. General description of registrant's business or activities

Hospital

**CLIENT**

*A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

7. Client name Indiana Regional Medical Center (IRMC)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Cou \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Cou \_\_\_\_\_

9. General description of client's business or activities

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Heather C.	Reed		Exempt position - Congressman Bill Shuster District

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### LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)

Satellite site certified as a VA CBOC. Medicare/IPPS, Physician payment, SCHIP, Labor/HHS/Ed Appropriations Bill, n legislation dealing with community benefit and IRS, other health care-related legislation.

### 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 in 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 matchi criteria above, then proceed to line 14.

Name	Street	Address	Principal Place of Busi
	City	State/Province Zip Code Country	City
			State Country
			City
			State Country
			City
			State Country

### FOREIGN ENTITIES

14. Is there any foreign entity

- 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 acti 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 lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matchi the criteria above, then sign the registration.

Name	Street	Address	Principal place of business	Amount of contribution
	City	State/Province Country	(city and state or country)	for lobbying activities
			City	
			State Country	
			City	
			State Country	

Signature

Digitally Signed By: Heather C Reed

Date 10/15/

US, DST Aces Unaffiliated Individual, Heather C Reed

Printed Name and Title Heather C. Reed, Grant Writer and Government Relations

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