

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
---	--

SECRETARY
PUB.

07 NOV

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration Oct

2. House Identification _____ Senate Identification _____

REGISTRANT Organization Individual

3. Registrant Prefix ms. First Abigail Last Stork

Address 1711 Mass. Ave NW Address2 Apt. 210

City Washington State DC Zip 20036 Cot _____

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

City [same as line 3] State _____ Zip _____ Cot _____

5. Contact name and telephone number International Number

Contact Abigail Stork Telephone 515-250-1475 E-mail storka@ihaonline

6. General description of registrant's business or activities

Attorney / Advocate

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

7. Client name Iowa Hospital Association

Address 100 E. Grand, Suite 100

City Des Moines State IA Zip 50309-1835 Cou _____

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

City [same as line 7] State _____ Zip _____ Cou _____

9. General description of client's business or activities

Trade association for Iowa hospitals.

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 acted 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	
<u>Abigail</u>	<u>Stork</u>		

000100456

00

v5.0.0m

LOBBYING ISSUES

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

BUD TEC TAX HCR mmm

12. Specific lobbying issues (current and anticipated) *HR 3533, medicaid, SCHIP, GME, all provisions relating to hospitals HHS Appropriations Act for 2008, all provisions relating to hospitals. HR 3162, Children's Health & Medicare, section 651, physician referrals. HR 2419, Farm Bill, all provisions relating to hospitals. HR 4 Medicare Part D, all provisions relating to hospitals. S 2221, Transparency in Medical Device Pricing, all provisions relating to hospitals. S 1710, Labor HHS Appropriations Act for 2008, all provisions relating to hospitals. Tubbs Jones -Porter letter to urge IRS to improve 990s + schedule H forms. Inpatient bill Regulations. Community benefits Tax Exempt status issues. Medicare wage index issues. Iowa Rural Health Tele Proposal for FCC Rural Health Care Pilot Program to connect hospitals to ICN-requesting funding from*

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 matching criteria above, then proceed to line 14.

Name	Address			Principal Place of Business
	Street	State/Province	Zip Code	Country
	City			
				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 activity of 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 the lobbying activity?

- No --> Sign and date the registration. Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

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

0000100457

Signature: Abigail Stork Date: 11-8

Printed Name and Title Abigail E Stork

v5.0.0m

Page 2 of 2