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Virginia Conflict of Interest and Ethics Advisory Council
LOBBYIST REGISTRATION FORM (Rev. 4/26/2016)

Please send the original and a copy with a \$100.00 registration fee, made
Payable to the Treasurer of Virginia to:

Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad St
4th Floor
Richmond, Virginia 23219

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ Medical Facilities of America

(1a) **What type of business is the principle engaged in:**
_____ Operator of nursing homes

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** _____ W. Heywood Fralin

(2a) **Business Address:** _____ 2917 Penn Forest Boulevard Roanoke, VA 24018

(2b) **Business Telephone:** _____ 540.989.3618

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** _____ W. Heywood Fralin

(3a) **Business Address:** _____ 2917 Penn Forest Boulevard Roanoke, VA 24018

(3b) **Business Telephone:** _____ 540.989.3618

(3c) **Business Address/Telephone number of location where records are stored:**

(4) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.**

Jeffrey S Palmore, Reed Smith LLP, 901 E Byrd St, Suite 1700, Richmond VA 23219, 804-344-3400
William G. Thomas, Reed Smith LLP, 901 E Byrd St, Suite 1700, Richmond VA 23219, 804-344-3400
Edward A. Mullen, Reed Smith LLP, 901 E Byrd St, Suite 1700, Richmond VA 23219, 804-344-3400

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(5) LOBBYIST: _____ David H. Hallock, Jr.

(5a) Business Address: _____ 2736 Kenbury Road Richmond, VA 23225

(5b) Business Telephone: _____ 8045030192

(5c) E-Mail Address: _____ david@2capconsulting.com

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) Name: _____ David H. Hallock, Jr.

(6a) Business Address: _____ 2736 Kenbury Road Richmond, VA 23225

(6b) Business Telephone: _____ 8045030192

(6c) Business Address/Telephone number of location where records are stored:

(7) Matters and purpose for which you expect to lobby: (be as specific as possible in this response)

Matters related to nursing home operations in Virginia

(8) As a lobbyist, you are: (check one)

☐ **Employed** (Lobbyist is on payroll of principal)

☒ **Retained** (Lobbyist is not on payroll of principal, but is compensated)

☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) If you are *employed* either part-time or full-time by the principal, please give your job title:

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: _____ 10/27/2016 _____ Lobbyist's Signature: _____ David H. Hallock, Jr. (Electronically Signed: 10/28/2016 1:18:18 AM)