



17LAWCDF674

**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*  
*4<sup>th</sup> Floor*  
*Richmond, Virginia 23219*

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

(1) **PRINCIPAL:** \_\_\_\_\_ Carilion Clinic

(1a) **What type of business is the principle engaged in:**

\_\_\_\_\_ Hospital and health care system

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:** \_\_\_\_\_ Nancy Howell Agee

(2a) **Business Address:** \_\_\_\_\_ 1906 Belleview Avenue Roanoke, VA 24014

(2b) **Business Telephone:** \_\_\_\_\_ 540-981-8844

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:** \_\_\_\_\_ Nancy Howell Agee

(3a) **Business Address:** \_\_\_\_\_ 1906 Belleview Avenue Roanoke, VA 24014

(3b) **Business Telephone:** \_\_\_\_\_ 540-981-8844

(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.**

None

taxation; worker's compensation, insurance and other general business issues.

**SECRETARY OF THE COMMONWEALTH  
LOBBYIST'S REGISTRATION  
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(5) **LOBBYIST:** Mark S. Lawrence

(5a) **Business Address:** 213 South Jefferson Street, Suite 1600 Roanoke, VA 24011

(5b) **Business Telephone:** 540-224-5399

(5c) **E-Mail Address:** mslawrence@carilionclinic.org

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:** Mark S. Lawrence

(6a) **Business Address:** 213 South Jefferson Street, Suite 1600 Roanoke, VA 24011

(6b) **Business Telephone:** 540-224-5399

(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 relating to hospitals and health systems, physicians, nursing and allied health professions and the health care industry, generally; state budget including Medicaid and provider reimbursements; graduate medical education; health care reform including issues relating to the Affordable Care Act; health care workforce and education; health professions' licensure and certification; mental and behavioral health issues; medical malpractice and tort issues; certificate of public need; pharmacy and pharmaceuticals; economic development; public and higher education;

(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:**

Vice President- Governmental and External Affairs

**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: 11/28/2016 Lobbyist's Signature: Mark S. Lawrence (Electronically Signed: 11/29/2016 3:34:15 AM UTC)