



16MAC355778

**Virginia Conflict of Interest and Ethics Advisory Council
LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 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:** _____ CareSource

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

_____ A non-profit managed health care company based in Dayton, OH.

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:** _____ Aaron D. Crooks

(2a) **Business Address:** _____ 65 East State Street, Suite 850, Columbus, OH 43215

(2b) **Business Telephone:** _____ 614-221-3370

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:** _____ Aaron D. Crooks

(3a) **Business Address:** _____ 65 East State Street, Suite 850, Columbus, OH 43215

(3b) **Business Telephone:** _____ 614-221-3370

(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.**

Hunter Jamerson, PO Box 8088, Richmond, VA 23223, 804-649-0985

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LOBBYIST'S REGISTRATION
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(5) **LOBBYIST:** Alexander Macaulay

(5a) **Business Address:** PO Box 8088, Richmond, VA 23223

(5b) **Business Telephone:** 804-649-7165

(5c) **E-Mail Address:** alexander@macbur.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:** Alexander Macaulay

(6a) **Business Address:** PO Box 8088, Richmond, VA 23223

(6b) **Business Telephone:** 804-649-7165

(6c) **Business Address/Telephone number of location where records are stored:**
1015 East Main Street, Fourth Floor, Richmond, VA 23219

804-649-7165

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

Health care issues and policies, including but not limited to Medicaid managed care, access to care, and improvement of health and well being.

(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: 11/11/2015 Lobbyist's Signature: Alexander Macaulay (Electronically Signed: 11/11/2015 4:30:21 PM)