



16PRE9961CD

**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:** _____ Bon Secours Virginia Health System

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

_____ Hospital and Healthcare 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:** _____ Michael K Kerner

(2a) **Business Address:** _____ 5818 Harbourview Blvd STE B, Suffolk, VA 23435

(2b) **Business Telephone:** _____ 757 673 5929

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:** _____ Michael K Kerner

(3a) **Business Address:** _____ 5818 Harbourview Blvd STE B, Suffolk, VA 23435

(3b) **Business Telephone:** _____ 757 673 5929

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

_____ 110 Kingsley Lane STE 511, Norfolk, VA 23505

_____ 757 889 6770

(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.**

James Dunn
BonSecours Virginia
5875 Bremo Road
STE 603
Richmond, Va., 23226

May Fox
Eckert Seamans

Sun Trust Center
919 E. Main St.
Suite 1300

Richmond, Va. 23219

**SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION**

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(5) **LOBBYIST:** Thomas A Prevette

(5a) **Business Address:** 1804 Churchside lane Virginia Beach, VA 23454

(5b) **Business Telephone:** 757 496 0893

(5c) **E-Mail Address:** tprevette@mac.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:** Thomas A Prevette

(6a) **Business Address:** 1804 Churchside lane Virginia Beach, VA 23454

(6b) **Business Telephone:** 757 496 0893

(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)

To Advocate for Bon Secours Virginia Health Care system
before the members of the Virginia General Assembly,
the Governor and his administration on public policy issues
that deal with the clinical, financial and operational issues
of the Health system.

(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:**

Dir. Advocacy and Community 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: 12/04/2015 Lobbyist's Signature: Thomas A Prevette (Electronically Signed: 12/4/2015 1:53:30 PM UTC)