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**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:** _____ Virginia Hospital & Healthcare Association

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

Trade association of hospitals and health systems

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:** _____ Sean Connaughton

(2a) **Business Address:** _____ P.O. Box 31394 Richmond, VA 23294

(2b) **Business Telephone:** _____ 804-965-1352

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:** _____ R. Brent Rawlings

(3a) **Business Address:** _____ P.O. Box 31394 Richmond, VA 23294-1394

(3b) **Business Telephone:** _____ 804-965-1228

(3c) **Business Address/Telephone number of location where records are stored:**
4200 Innslake Drive Glen Allen, VA 23060

804-965-1216

(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.**

Sean T. Connaughton, same, 804-965-1352
Christopher S. Bailey, same, 804-965-1207
Robert Brent Rawlings, same, 804-965-1228
Sara Heisler, same, 804-965-1249
Matthew Strader, same, 804-965-1221
Jennifer Wicker, same, 804-965-1213
Dave Nutter, same, 804-366-6814
Thelma Drake, same, 804-366-6130
Julie Dime, same, 804-297-3550

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(5) **LOBBYIST:** _____ Kelly Margaret Cannon

(5a) **Business Address:** _____ P.O. Box 31394 Richmond, VA 23294

(5b) **Business Telephone:** _____ 804-297-3547

(5c) **E-Mail Address:** _____ kcannon@vhha.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:** _____ R. Brent Rawlings

(6a) **Business Address:** _____ P.O. Box 31394 Richmond, VA 23294-1394

(6b) **Business Telephone:** _____ 804-965-1228

(6c) **Business Address/Telephone number of location where records are stored:**
_____ 4200 Innslake Drive Glen Allen, VA 23060

_____ 804-965-1216

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

(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:**

_____ Director of Community Engagement

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: _____ 11/10/2015 _____ Lobbyist's Signature: _____ Kelly Margaret Cannon (Electronically Signed: 11/10/2015 2:46:08 PM)