



16WIC07C407

**SECRETARY OF THE COMMONWEALTH
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 T. Connaughton

(2a) **Business Address:** _____ PO 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:** _____ PO Box 31394 Richmond, VA 23294

(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

Janet Kelly, same 804-238-4814
Mary Margaret Whipple, same 804-366-1050

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(5) **LOBBYIST:** _____ Jennifer Wicker _____

(5a) **Business Address:** _____ PO Box 31394 Richmond, VA 23294 _____

(5b) **Business Telephone:** _____ 804.965.1213 _____

(5c) **E-Mail Address:** _____ jwicker@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:** _____ Robert Brent Rawlings _____

(6a) **Business Address:** _____ PO Box 31394 Richmond, VA 23294 _____

(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 Advocacy Programs _____

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: _____ 05/05/2015 _____ Lobbyist's Signature: _____ Jennifer Wicker (Electronically Signed: 5/5/2015 8:21:08 PM UTC) _____