



17DUNE521F

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
4th Floor
Richmond, Virginia 23219

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

(1) **PRINCIPAL:** _____ Riverside Health System

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

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:** _____ Jason Oliver Houser

(2a) **Business Address:** _____ Fountain Plaza One 701 Town Center Drive, Suite 1000, Newport News, VA 23606

(2b) **Business Telephone:** _____ 757-534-7066

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:** _____ Mark Duncan

(3a) **Business Address:** _____ 701 Town Center Drive Suite 1000, Newport News, VA 23606

(3b) **Business Telephone:** _____ 757 534-7064

(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.**

Mr. George P. Phillips
701 Town Center Drive
Suite 1000
Newport News, VA 23606
757 534-7060

Ms. Beatriz Gonzalez
Capital Results
50 Pear Street

Richmond, VA 23223
804 771-5310

Mr. Robert Shinn
Capital Results
50 Pear Street
Page Two
Richmond, VA 23223
804 771-5308

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

(5) **LOBBYIST:** Mark Duncan

(5a) **Business Address:** 701 Town Center Drive Suite 1000, Newport News, VA 23606

(5b) **Business Telephone:** 757 534-7064

(5c) **E-Mail Address:** mark.duncan@rivhs.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:** Mark Duncan

(6a) **Business Address:** 701 Town Center Drive Suite 1000, Newport News, VA 23606

(6b) **Business Telephone:** 757 534-7064

(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)

Any and all matters of interest to Riverside 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:**

Director of Government Relations

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: 09/29/2016 Lobbyist's Signature: Mark Duncan (Electronically Signed: 9/29/2016 3:15:52 PM UTC)