

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

FOR OFFICE USE ONLY Principal Notification Date ____

Date Received _____ Fee Paid: Check # _____ Cash___

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

(1) PRINCIPAL:	Children's National Medical Center
(1a) What type of business is the prin	ciple engaged in:
All matters rela	ated to children's health care policy and Medicaid reimbursement.
Officer of Principal authorizing your er may not appear in items 2 and 5 of this	imployment as a lobbyist, or to whom your expenditures will be reported. <i>The same name form.</i>
(2) Name:	Tonya Vidal Kinlow
(2a) Business Address:	
	202-476-5335
	LL records, in behalf of the principal, with respect to your lobbying activities for their tored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Tonya Vidal Kinlow
(3a) Business Address:	111 Michigan Avenue, NW Washington, DC 20010
(3b) Business Telephone:	202-476-5335
(3c) Business Address/Telephone nun	nber 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.

Aimee P. Seibert Commonwealth Strategy Group 28 N. 8th Street Richmond, VA 23219 (804) 647-3140

D. Calloway Whitehead, III 28 N. 8th Street Richmond, VA 23219

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

(5) LOBBYIST:	Lauren Bull Schmitt	
(5a) Business Address	s: 28 N. 8th Street 1st Floor, Richmond, VA 23219	
(5b) Business Telepho	one:	
(5c) E-Mail Address:	lauren@hillbridgegroup.com	
	tain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated e physically stored in another location, please so indicate in the space provided in item 7d.	
(6) Name:	Aimee Perron Seibert	
(6a) Business Address	s: 28 N. 8th Street Richmond, VA 23219	
(6b) Business Telepho	one:	
(6c) Business Address/Telephone number of location where records are stored:		
	ose for which you expect to lobby: (be as specific as possible in this response) elated to children's health care policy and Medicaid reimbursement.	
(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 <i>employe</i>	ed either part-time or full-time by the principal, please give your job title:	
	signed lobbyist, do state that the information furnished on this registration statement and on any and ements attached thereto, is to the best of my knowledge and belief, complete and accurate.	
Date: 12/0	7/2015 Lobbyist's Signature: Lauren Bull Schmitt (Electronically Signed: 12/7/2015 6:56:42 PM UTC)	