



16DIM9C4E93

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 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

804.965.1218

(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 804-965-1352
Christopher S. Bailey 804-965-1207
Robert Brent Rawlings 804-965-1228
Sara Heisler 804-965-1249
Matthew Strader 804-965-1221
Jennifer Wicker 804-965-1213
Dave Nutter 804-366-6814
Thelma Drake 804-366-6130
Janet Kelly 804-238-4214

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

(5) **LOBBYIST:** Julie Dime
(5a) **Business Address:** PO Box 31394 Glen Allen, VA 23294
(5b) **Business Telephone:** 804-297-3550
(5c) **E-Mail Address:** jdime@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:** 804-965-1218
(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)
All 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:**
Vice President, Government Advocacy

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: 11/06/2015 Lobbyist's Signature: Julie Dime (Electronically Signed: 11/6/2015 5:23:37 PM UTC)