



16HAR440CDB

**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  
4<sup>th</sup> Floor  
Richmond, Virginia 23219*

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

(1) **PRINCIPAL:** \_\_\_\_\_ Inova 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:** \_\_\_\_\_ Jennifer Siciliano

(2a) **Business Address:** \_\_\_\_\_ 8001 Gatehouse Road, Suite 200E Falls Church, VA 22042

(2b) **Business Telephone:** \_\_\_\_\_ 7036452754

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:** \_\_\_\_\_ Jennifer Siciliano

(3a) **Business Address:** \_\_\_\_\_ 8001 Gatehouse Road, Suite 200E Falls Church, VA 22042

(3b) **Business Telephone:** \_\_\_\_\_ 7036452754

(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.**

Michael Forehand

**SECRETARY OF THE COMMONWEALTH  
LOBBYIST'S REGISTRATION  
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(5) **LOBBYIST:** \_\_\_\_\_ Donald Lee Harris

(5a) **Business Address:** \_\_\_\_\_ 5976 Burnside Landing Dr. Burke, VA 22015-2522

(5b) **Business Telephone:** \_\_\_\_\_ 703-289-2037

(5c) **E-Mail Address:** \_\_\_\_\_ don.harris@inova.org

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:** \_\_\_\_\_ Donald Lee Harris

(6a) **Business Address:** \_\_\_\_\_ 5976 Burnside Landing Dr. Burke, VA 22015-2522

(6b) **Business Telephone:** \_\_\_\_\_ 703-289-2037

(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)

Medicaid and other health care financing issues, Certificate of Public Need, Provider Assessment legislation, medical malpractice, worker's compensation, other health care related proposals and legislation.

(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:**

\_\_\_\_\_

**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: \_\_\_\_\_ 07/28/2015 \_\_\_\_\_ Lobbyist's Signature: \_\_\_\_\_ Donald Lee Harris (Electronically Signed: 7/28/2015 4:22:15 PM UTC)