

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**

For Use In 2004

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd, Room 103, Madison, WI 53703-3342

05 JUL 29 PM 12:30

Section 1 -- Identification of Principal
"Principal" means any person who employs a lobbyist.

St. Marys Hospital Medical Center
Name of Principal

(Amended Report)

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Biros Marilyn Regional VP, Strategic Dev.
Last Name First Name Title
SSM Health Care of Wisconsin

2901 Landmark Place, Ste. 300
Mailing Address

Madison WI 53713
City State Zip Code

Business Address (if different)
(608) 258-6730

Contact Phone
(608) 259-5326 marilyn_biros@ssmhc.com

Contact FAX Contact E-mail Address

www.stmarysmadison.com

Principal's Internet Address

Person to whom correspondence should be sent (if different from above)

Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Phone FAX E-mail Address

Section II -- Nature and Interest of Principal

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer: _____
Last First Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

Other Not for Profit

Governmental Labor Union Charitable/Religious/Civic, etc. Other—Hospital
Tax-exempt hospital (501-C3); regional medical center providing health care to local and regional patients.

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

None

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: N/A

Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Seeking City approvals for expansion of St. Marys existing central city campus, and
other related projects.

List the City agencies in which the principal seek to influence administration action:

All None Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: Approval of land use and related permits for the expansion of St. Marys Hospital campus.

a. How will this item affect the principal's business or other activity?

Will provide adequate space to meet the health care needs of St. Marys patients as there are currently an inadequate number of beds to serve St. Marys
growing patient volumes.

b. Which industry, trade, profession or segment or portion thereof would be principally affected?

N/A

c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

N/A

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

CAPITAL BUDGET

N/A
topic
topic
topic
topic
topic
topic

OPERATING BUDGET

N/A
topic
topic
topic
topic
topic
topic

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. ✓ Lobbyist's Name: Mary Starmann-Harrison - SSM Health Care of Wisconsin
Mailing Address: 2901 Landmark Pl, Ste. 300, Madison WI 53713
Address City State Zip Code

Phone No.: (608) 258-6120

Indicate if: Contract Lobbyists (Employee) or Employee

2. Lobbyist's Name: Jennifer Schlimgen - Kahler Slater
Mailing Address: 110 King St., Madison WI 53703
Address City State Zip Code

separate cover

Phone No.: (608) 283-6300

Indicate if: Contract Lobbyists (Architect) or Employee

3. ✓ Lobbyist's Name: Tim Anderson - Schreiber Anderson
Mailing Address: 717 John Nolen Dr., Madison WI 53713
Address City State Zip Code

Phone No.: (608) 255-0800

Indicate if: Contract Lobbyists (Site Architect) or Employee

✓ 4. Lobbyist's Name: Joan Bachleitner - Reinhart, Boerner, Van Deuren
Mailing Address: 22 E. Mifflin St., Madison WI 53703
Address City State Zip Code

Phone No.: (608) 229-2210

Indicate if: Contract Lobbyists (Attorney) or Employee

Section V - Authorized Signer

1. Name: Marilyn Biros
Position or Relationship to Principal: Regional VP, Strategic Development

2. Name: _____
Position or Relationship to Principal: _____

3. Name: _____
Position or Relationship to Principal: _____

4. Name: _____
Position or Relationship to Principal: _____

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

- ✓ 1. Lobbyist's Name: Marilyn Biros - SSM Health Care of Wisconsin
 Mailing Address: 2901 Landmark Pl, Ste. 300 Madison WI 53713
 Address City State Zip Code

Phone No.: (608) 258-6730
 Indicate if: Contract Lobbyists (Employee) or Employee
2. Lobbyist's Name: Barbara Miller - St. Marys Hospital
 Mailing Address: 707 S. Mills St. Madison WI 53715
 Address City State Zip Code

Separate cover

Phone No.: (608) 251-6100
 Indicate if: Contract Lobbyists (Employee) or Employee
3. Lobbyist's Name: Gary Rothenbuehler - St. Marys Hospital
 Mailing Address: 707 S. Mills St. Madison WI 53715
 Address City State Zip Code

Separate cover

Phone No.: (608) 251-6100
 Indicate if: Contract Lobbyists (Employee) or Employee
4. Lobbyist's Name: _____
 Mailing Address: _____
 Address City State Zip Code

Phone No.: _____
 Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

1. Name: Marilyn Biros
 Position or Relationship to Principal: Regional VP, Strategic Development
2. Name: _____
 Position or Relationship to Principal: _____
3. Name: _____
 Position or Relationship to Principal: _____
4. Name: _____
 Position or Relationship to Principal: _____

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. ✓ Lobbyist's Name: Chris Thiel - Schreiber-Anderson
 Mailing Address: 717 John Nolen Dr, Madison WI 53713
 Address City State Zip Code
 Phone No.: (608) 255-0800
 Indicate if: Contract Lobbyists or Employee
Site Architect

2. ✓ Lobbyist's Name: Gus Schultz - Boldt Construction
 Mailing Address: 740 Regent St. Madison WI 53715
 Address City State Zip Code
 Phone No.: (608) 257-2430
 Indicate if: Contract Lobbyists or Employee

3. Lobbyist's Name: Steve Roth - Boldt Construction
 Mailing Address: 740 Regent St. Madison WI 53715
 Address City State Zip Code
 Phone No.: (608) 257-2430
 Indicate if: Contract Lobbyists or Employee
(Director of Madison Operations/Central Operations)

separate cover

4. Lobbyist's Name: Dave Sheedy - Kahler Slater
 Mailing Address: 110 King St. Madison WI 53703
 Address City State Zip Code
 Phone No.: (608) 283-6300
 Indicate if: Contract Lobbyists or Employee

separate cover

ⓑ (Architect Engineer)

Section V - Authorized Signer

1. Name: Marilyn Biros
 Position or Relationship to Principal: Regional VP, Strategic Development
2. Name: _____
 Position or Relationship to Principal: _____
3. Name: _____
 Position or Relationship to Principal: _____
4. Name: _____
 Position or Relationship to Principal: _____

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. Lobbyist's Name: Kevin Snitchler - Dean Health System
Mailing Address: 1802 W. Beltline Hwy Madison WI 53713
Address City State Zip Code
Separate cover
Phone No.: (608) 250-1499
Indicate if: Contract Lobbyists (employee - Dean) or Employee

2. Lobbyist's Name: Frank Byrne - St. Marys Hospital
Mailing Address: 707 S. Mills St. Madison WI 53715
Address City State Zip Code
Separate cover
Phone No.: (608) 251-6100
Indicate if: Contract Lobbyists (employee) or Employee

3. Lobbyist's Name: Bryant Walker-Smith - Strand Associates
Mailing Address: 910 West Wingra Drive Madison WI 53715
Address City State Zip Code
Phone No.: (608) 251-4843
Indicate if: Contract Lobbyists (Title: Engineer) or Employee

4. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

- 1. Name: Marilyn Biros
Position or Relationship to Principal: Regional VP, Strategic Development
- 2. Name: _____
Position or Relationship to Principal: _____
- 3. Name: _____
Position or Relationship to Principal: _____
- 4. Name: _____
Position or Relationship to Principal: _____

Section VI -- Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.



Marilyn Biros

Regional VP, Strategic Development

Signature

Title SSM Health Care of Wisconsin

Marilyn Biros

7/14/05

Type or print name as signed above

Date

Address & Telephone (if different from first page of this form)

Individuals permitted to sign documents -- Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 14th day of July, 2005

Kama Janoff

Notary

Commission expires: 2/1/2009