

REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST
For Use In 2005

2005

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

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

St. Marys Hospital Medical Center

Name of Principal

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

Biros

Marilyn

Reg. VP. Strategic Development
(SSMHC(WI))

Last Name

First Name

Title

2901 Landmark Pl., Ste. 300

Mailing Address

Madison,

WI
State

53713
Zip Code

Business Address (if different)

608-258-6730

Contact Phone

608-259-5326

Contact FAX

Marilyn_Biros@ssmhc.com
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

FAX

E-mail Address

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CLERKS OFFICE

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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: NA

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:

- ① Sought City approvals for expansion of St. Marys existing Central-City Campus.
- ② Discussion of funding agencies / (TIF etc.)
potential opportunities

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.

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

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

To provide adequate space to meet the health care needs of St. Marys' patients. There is currently an inadequate number of beds and space for services to serve St. Marys' growing patient volume.

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

NA

- 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.

NA

For additional items, attach additional sheets.

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

CAPITAL BUDGET

NA

topic
topic
topic
topic
topic
topic

OPERATING BUDGET

NA

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: Harvey Temkin
 Mailing Address: Reinhart, Boerger Van Denderen
22 E. Madison St. City Madison State WI Zip Code 53703
 Phone No.: 608-229-2210
 Indicate if: Contract Lobbyists or Employee
2. Lobbyist's Name: _____
 Mailing Address: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: _____
 Indicate if: Contract Lobbyists or Employee
3. Lobbyist's Name: _____
 Mailing Address: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: _____
 Indicate if: Contract Lobbyists 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: Maureen Bicos
 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.

Signature: Marilyn Bros Title: Reg. VP Strategic Development
SSMHC/WT
Type or print name as signed above: Marilyn Bros Date: 1/17/05

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 17 day of January, 2005
Notary: Raura Sampa

Commission expires: 3/20/05