

REGISTRATION OF LOBBYIST FOR USE IN 2007

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

Section 1 -- Identification of Lobbyist
"Lobbyist" means any person paid to influence administrative or legislative action.

Heifetz Last Name Michael First Name VP, Governmental Affairs Title

1808 W. Beltline Hwy. Mailing Address

Madison City WI State 53713 Zip Code

Business Address (if different)

(608) 250-1225 Contact Phone

(608) 250-1020 Contact FAX michael.heifetz@deancare.com Contact E-mail Address

www.deancare.com Internet Address

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

Same Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Phone FAX E-mail Address

03/02/2007 10:21 FAX 6082501020

Section II -- Nature and Interest of Principal

Dean Health System
Name of Principal

Designated Representative of Principal:

Heifetz Michael VP, Governmental Affairs
Last Name First Name Title

1808 W. Beltline Hwy.
Mailing Address

Madison WI 53713
City State Zip Code

Same
Business Address (if different)

(608) 280-1225
Contact Phone

(608) 250-1020 michael.heifetz@deancare.com
Contact FAX Contact E-mail Address

www.deancare.com
Internet Address

Check one of the following and complete only that section:

Business Entity

Provision of health care and insurance services
Describe the business activity in which the entity is engaged

NA

Chief Executive Officer: Samitt, MD Craig President/CEO
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

Labor Union

Charitable/Religious/Civic, etc.

Other

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

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: _____

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:

- Matters affecting the administration, delivery and financing of health care, locally and regionally.
- Economic Development.

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: _____

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

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

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.

For additional items, attach additional sheets. *Issues will reflect activities identified in Section III, Item 7.*

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

CAPITAL BUDGET

OPERATING BUDGET

topic	topic
topic	topic
topic	topic
topic	topic
topic	topic
topic	topic

Section IV - Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- The lobbyist is an employee of the Principal.
- The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: March 2, 2007

Name: Craig Samitt, MD

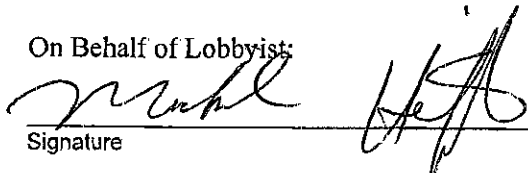
Position: President and CEO

Signature: 

Section V -- Certification

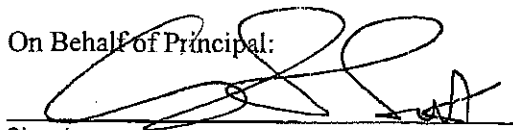
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:


 Signature VP, Governmental Affairs
Title
Michael Helfetz 3-2-07
 Type or print name as signed above Date

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

On Behalf of Principal:


 Signature President and CEO
Title
Craig Samitt, MD March 2, 2007
 Type or print name as signed above Date

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



Fax

To:	City Clerk	From:	Michael Helfetz
Recipient's Fax #:	266-4666	Sender's Fax:	250 - 1020
Recipient's Phone #:	266-4601	Sender's Phone #:	250 - 1225
Subject:	Registration forms	No. of Pages: <i>(Includes cover page)</i>	6
Today's Date:	3-2-07	E-mail: <i>(optional)</i>	michael.helfetz@deancare.com

For Review
 Please Comment
 Please Reply
 Please Sign
 Urgent (Deliver ASAP)

FAX MESSAGE

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