

REGISTRATION OF LOBBYIST

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, Government Affairs Title
1808 W. Beltline Highway 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 _____

Section II -- Nature and Interest of Principal

Dean Health System Name of Principal
 Designated Representative of Principal:
Heifetz Last Name Michael First Name VP, Government Affairs Title
1808 W. Beltline Hwy. Mailing Address
Madison City WI State 53713 Zip Code
 Business Address (if different)
(608) 250-1225 Contact Phone michael.heifetz@deancare.com Contact E-mail Address
(608) 250-1020 Contact FAX www.deancare.com Internet Address

Check one of the following and complete only that section:

Business Entity

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

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:

- Health care delivery;
- Planning and 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.*

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: August 13, 2009

Name: Craig Samitt, MD

Position: President + CEO

Signature: Craig E Samitt

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:

Michael USA VP, Government Affairs
 Signature Title

Michael Heifetz August 13, 2009
 Type or print name as signed above Date

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

On Behalf of Principal:

Craig E Samitt President + CEO
 Signature Title

Craig Samitt, MD August 13, 2009
 Type or print name as signed above Date

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