

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL

Lobbyist Registration Form (Rev. 10/2016)

There is a \$100 fee required for registration (local government employees are exempted from this fee). This form can be submitted electronically on the Council's website at ethics.dls.virginia.gov or mailed to:

*Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 East Broad Street, 4th Fl.
Richmond, Virginia 23219*

FOR OFFICE USE ONLY	
Date Received:	_____
Fee Paid:	_____
Check:	_____
Cash:	_____

PART I: PRINCIPAL INFORMATION

Please provide the name of the Principal for which you intend to lobby

- 1. NAME OF PRINCIPAL: _____
Permanent Business Address: _____
Business Telephone: _____

Please provide the type of business the Principal is engaged in

- 2. Type of Business: _____

Please provide the name of the individual authorizing your employment as a lobbyist. The lobbyist filing this registration *MAY NOT* be the same as the Principal Officer.

- 3. NAME OF PRINCIPAL OFFICER: _____
Permanent Business Address: _____
Business Telephone: _____
E-Mail Address: _____

Please provide the name of the individual who will retain **ALL** records, on behalf of the Principal, with respect to your lobbying activities for their organization, if different from the Principal Officer.

- 4. NAME: _____
Permanent Business Address: _____
Business Telephone: _____
E-Mail Address: _____

Permanent business address and telephone number of location where records are stored, if different from above:

Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby on behalf of the Principal identified in Part I, item 1.

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PART II: LOBBYIST INFORMATION

Please provide the name of the Lobbyist registering to represent the Principal listed in Part I, item 1

- 1. NAME OF LOBBYIST: _____
- Permanent Business Address: _____
- Business Telephone: _____
- E-mail Address: _____

Please provide the name of the individual who will retain **ALL** records, on behalf of the Lobbyist, with respect to your lobbying activities for the Principal identified in Part I, item 1, if different from the Lobbyist listed in Part II, item 1

- 2. NAME: _____
- Permanent Business Address: _____
- Business Telephone: _____
- E-Mail Address: _____

Permanent business address and telephone number of location where records are stored, if different from above:

Identify the subject matter (with as much specificity as possible) for which you expect to lobby

- 3. SUBJECT MATTER: _____

Describe your relationship with the Principal listed in Part I, item 1 (*check only one*):

- 4. As a lobbyist, you are:
 - Employed** (on the payroll of the principal)
 - Retained** (compensated but not on the payroll of the principal)
 - Not Compensated** (not compensated but expenses may be reimbursed)

If you are employed by the Principal provide your job title

- 5. 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: _____ Lobbyist Signature: _____

Note: Pursuant to § 2.2-423, a principal may elect to waive the principal signature requirement on disclosure filings by submitting a signature waiver form to the Virginia Conflict of Interest and Ethics Advisory Council after this registration form has been approved.