

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL
Lobbyist Registration Form (Rev. 04/26/2016)

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: _____

New Statement

Amended Statement

1. **PRINCIPAL:** _____

1a. **What type of business is the principal engaged in:**

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. **The same name may not appear in items 2 and 5 of this form.**

2. **Name:** _____

2a. **Business Address:** _____

2b. **Business Telephone:** _____

2c. **E-mail Address:** _____

Officer of Principal who will retain **ALL** records, on behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3d.

3. **Name:** _____

3a. **Business Address:** _____

3b. **Business Telephone:** _____

3c. **E-mail Address:** _____

3d. Permanent business address/telephone number of location where records are stored:

4. Please list the full name(s), business address(es), telephone number(s), and e-mail address(es) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

Name: _____

Business Address: _____

Business Telephone: _____

Name: _____

Business Address: _____

Business Telephone: _____

Name: _____

Business Address: _____

Business Telephone: _____

5. **LOBBYIST:** _____

5a. **Business Address:** _____

5b. **Business Telephone:** _____

5c. **E-mail Address:** _____

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 6d.

6. **Name:** _____

6a. **Business Address:** _____

6b. **Business Telephone:** _____

6c. **E-mail address:** _____

6d. **Permanent business address/telephone number of location where records are stored:**

7. **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)

8. **As a lobbyist, you are:** (check one)

Employed (Lobbyist is on payroll of principal)

Retained (Lobbyist is not on payroll of principal, but is compensated)

Not Compensated (Lobbyist is not compensated, but expenses may be reimbursed)

9. **If you are *employed* either part-time or full-time by the principal, provide your job title:**

Principal Waiver (Optional)

I, the undersigned officer acting on behalf of the Principal, do hereby waive the Principal signature requirement on disclosure forms filed by this registered lobbyist.

SIGNATURE OF PRINCIPAL

DATE

Lobbyist Signature

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.

SIGNATURE OF LOBBYIST

DATE