

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL
Lobbyist Registration Form (Rev. 09/2015)

Please send the original and a copy with a \$50.00 registration fee (*\$100 after January 1, 2016), made payable to the Treasurer of Virginia to:

Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad Street, 4th Floor
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.***

2a. **Name:** _____

2b. **Business Address:** _____

2c. **Business Telephone:** _____

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 3c.

3. **Name:** _____

3a. **Business Address:** _____

3b. **Business Telephone:** _____

3c. **Business Address/Telephone number of location where records are stored:**

4. Please list the full name(s), business address(es), and telephone number(s) 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	Telephone number

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 6c.

6. **Name:** _____

6a. **Business Address:** _____

6b. **Business Telephone:** _____

6c. **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, please give 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**

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 Secretary of the Commonwealth after this registration form has been approved.