

Virginia Conflict of Interest and Ethics Advisory Council **LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 registration fee, made Payable to the Treasurer of Virginia to:

> Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St

16GRO514A45

FOR OFFICE USE ONLY

Date Received ___

Principal Notification Date ___

Fee Paid: Check # ____ Cash_

4" Floor Richmond, Virginia	23219
(1) PRINCIPAL:	Southeast Rural Community Assistance Project
(1a) What type of business is the prin	pert service in the field of water and wastewater service delivery
Officer of Principal authorizing your en may not appear in items 2 and 5 of this	imployment as a lobbyist, or to whom your expenditures will be reported. <i>The same name form.</i>
(2) Name:	Hope Cupit
(2a) Business Address:	347 Campell Ave, SW Roanoke, VA 24016
(2b) Business Telephone:	866-928-3731
	LL records, in behalf of the principal, with respect to your lobbying activities for their stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Hope Cupit
(3a) Business Address:	347 Campell Ave, SW Roanoke, VA 24016
(3b) Business Telephone:	866-928-3731
(3c) Business Address/Telephone nur	nber 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

Frederick Helm, 12 S. 3rd Street, Richmond, VA 23219, 804-649-7945 Michael Edwards, 12 S. 3rd Street, Richmond, VA 23219, 804-649-7945

lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

(5) LOBBYIST:	William Ross Grogg	
(5a) Business A	dress:112 Granby Street Suite 400, Norfolk, VA 23510	
(5b) Business T	lephone:	
(5c) E-Mail Add	rgrogg@kemperconsult.com	
	ill retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated ds are physically stored in another location, please so indicate in the space provided in item 7d.	
(6) Name:	William Ross Grogg	
	Idress: 112 Granby Street Suite 400, Norfolk, VA 23510	
	lephone:	
(6c) Business Address/Telephone number of location where records are stored:		
, ,	purpose for which you expect to lobby: (be as specific as possible in this response) ers of concern to the Southeast Rural Community Assistance Project.	
(8) As a lobbyis	, you are: (check one)	
☐ Emp	oyed (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 en	ployed either part-time or full-time by the principal, please give your job title:	
	ndersigned lobbyist, do state that the information furnished on this registration statement and on any and g statements attached thereto, is to the best of my knowledge and belief, complete and accurate.	
Date:	01/24/2016 Lobbyist's Signature: William Ross Grogg (Electronically Signed: 1/25/2016 1:44:43 AM UTC)	