



17ANDBE332E

Virginia Conflict of Interest and Ethics Advisory Council
LOBBYIST REGISTRATION FORM (Rev. 4/26/2016)

Please send the original and a copy with a \$100.00 registration fee, made
Payable to the Treasurer of Virginia to:

Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad St
4th Floor
Richmond, Virginia 23219

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ LeadingAge Virginia

(1a) **What type of business is the principle engaged in:**

Trade Association

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:** _____ Judy Raymond

(2a) **Business Address:** _____ 100 Anna Good Suffolk, VA 23434

(2b) **Business Telephone:** _____ 757-923-5500

Officer of Principal who will retain **ALL** records, in 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:** _____ Judy Raymond

(3a) **Business Address:** _____ 100 Anna Goode Suffolk, VA 23434

(3b) **Business Telephone:** _____ 757-923-5500

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

4201 Dominion Boulevard, Suite 100 Glen Allen, VA 23060

804-965-5500

(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.**

Dana Steger Parsons
4201 Dominion Boulevard, Suite 100
Glen Allen, VA 23060
804-965-5500

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LOBBYIST'S REGISTRATION
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(5) LOBBYIST: _____ Melissa Andrews

(5a) Business Address: _____ 4201 Dominion Blvd. Suite 100, Glen Allen, VA 23060

(5b) Business Telephone: _____ 8049655500

(5c) E-Mail Address: _____ melissa@leadingagevirginia.org

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 7d.

(6) Name: _____ Judy Raymond

(6a) Business Address: _____ 100 Anna Goode Suffolk, VA 23434

(6b) Business Telephone: _____ 757-923-5500

(6c) Business Address/Telephone number of location where records are stored:
_____ 4201 Dominion Boulevard, Suite 100 Glen Allen, VA 23060

_____ 804-965-5500

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

Represent all matters related to nursing homes, assisted living facilities, continuing care retirement communities, life plan communities, and adult day.

(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:

_____ President and CEO

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: _____ 10/14/2016 Lobbyist's Signature: _____ Melissa Andrews (Electronically Signed: 10/14/2016 9:14:54 PM UTC)