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*
> *4th Floor*
> *Richmond, Virginia 23219*

(1) **PRINCIPAL:** _____ The Arc of Virginia _____

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

Issues affecting Virginians with developmental disabilities and their families
_____

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:** _____ Shareen Young-Chavez _____

(2a) **Business Address:** _____ 21149 Baileys Lane South Chesterfield, VA 23803 _____

(2b) **Business Telephone:** _____ 8045198775 _____

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:** _____ Shareen Young-Chavez _____

(3a) **Business Address:** _____ 21149 Baileys Lane South Chesterfield, VA 23803 _____

(3b) **Business Telephone:** _____ 8045198775 _____

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

2147 Staples Mill Road Richmond, VA 23230
_____

8046498481
_____

(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.**

Rebecca King
2147 Staples Mill Rd
Richmond, VA 23230
804-649-8481,ext 105

(5) **LOBBYIST:** _____ Jamie Marie Liban _____

(5a) **Business Address:** _____ 2147 Staples Mill Road Richmond, VA 23230 _____

(5b) **Business Telephone:** _____ 804-649-8481 _____

(5c) **E-Mail Address:** _____ jliban@thearcofva.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:** _____ Jamie Marie Liban _____

(6a) **Business Address:** _____ 2147 Staples Mill Road Richmond, VA 23230 _____

(6b) **Business Telephone:** _____ 804-649-8481 _____

(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)

Services and supports for people with intellectual and developmental disabilities (I/DD) and their families

(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:**

Executive Director

     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: _____ 01/18/2016 _____ Lobbyist's Signature: _____ Jamie Marie Liban (Electronically Signed: 1/18/2016 4:10:06 PM UTC)