

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:

Principal Notific

Date

Fee Paid: Check #

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

FOR OFFICE US Principal Notification	
Date Received	
Fee Paid: Check #	Cash

(1) PRINCIPAL:	Virginia Orthopaedic Society
(1a) What type of business is All matters impacting physi	the principle engaged in: ician, surgeons, and medical practice. Workers compensation, professional standards, patient
Officer of Principal authorizing may not appear in items 2 and	g your employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name 5 of this form.</i>
(2) Name:	Stewart Hinckley
	2209 Dickens Rd Richmond, VA 23230
	804-282-0063
	retain ALL records, in behalf of the principal, with respect to your lobbying activities for their ysically stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Stewart Hinckley
	2209 Dickens Rd Richmond, VA 23230
(3b) Business Telephone:	804-282-0063
(3c) Business Address/Teleph	none 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.

D. Calloway Whitehead, III
Commonwealth Strategy Group

118 N. 8th Street Richmond, VA 23219 (804) 389-2825

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

5) LOBBYIST:	Lauren Bull Schmitt
5a) Business Address:	118 N. 8th Street Richmond, VA 23220
5b) Business Telephone:	804-484-4751
	Lauren@commonwealthstrategy.net
	on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated d in another location, please so indicate in the space provided in item 7d.
6) Name:	D. Calloway Whitehead
Sa) Business Address:	
b) Business Telephone:	804-389-2825
Business Address/Telephone num	iber of location where records are stored:
7) Matters and purpose for which you	u expect to lobby: (be as specific as possible in this response)
All matters impacting physicia patient safety, certificate of pu	in, surgeons, and medical practice. Workers compensation, professional standards, ublic need. And matters that affect the practice of orthopedic medicine.
3) As a lobbyist, you are: (check one)	
Employed (Lobbyist is on p	ayroll of principal)
Retained (Lobbyist is not or	n payroll of principal, but is compensated)
Not Compensated (Lobbyis	st is not compensated, but expenses may be reimbursed)
9) If you are <i>employed</i> either part-tim	ne or full-time by the principal, please give your job title:
I the undersigned labbries d	lo state that the information furnished on this registration statement and on any and
	thereto, is to the best of my knowledge and belief, complete and accurate.
Oate: 09/15/2016	Lobbyist's Signature: Lauren Bull Schmitt (Electronically Signed: 9/15/2016 5:53:39 F