

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

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

(1) PRINCIPAL:	Virginia Horsemen's Benevolent and Protective Association	
(1a) What type of business is the pri	nciple engaged in:	
All matte	ers pertaining to the horse industry and parimutuel wagering	
Officer of Principal authorizing your emay not appear in items 2 and 5 of thi	employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name is form.</i>	
(2) Name:	Doug Easter	
(2a) Business Address:		
	4349773716	
Officer of Principal who will retain	ALL 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:	Doug Easter	
(3a) Business Address:	250 West Main Street Suite 100, Charlottesville, VA 22902	
	4349773716	
(3c) Business Address/Telephone nu	mber 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.

Doug Easter - 250 West Main Street, Suite 100 Charlottesville VA 22902 - 434-326-9819

Peter Easter - 250 West Main Street, Suite 100 Charlottesville VA 22902 - 434-326-9819

Debbie Easter -250 West Main Street, Suite 100 Charlottesville VA 22902 - 434- 326- 9819

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

1011 East Main Street Suite 218, RIchmond, VA 22319	(5) LOBBY	OBBYIST: Jonathan Williams				
Jonathan.williams@easterassociates.com		1011 Fast Main Street Suite 218 RIchmond VA 22319				
jonathan.williams@easterassociates.com 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:	(5b) Busine	ss Telephone:		804-643-4433		
principal. If records are physically stored in another location, please so indicate in the space provided in item 7d. (6) Name:			ionathan	.williams@easterassociates.com		
(6a) Business Address: 250 West Main Street Suite 100, CHarlottesville, VA 22902 434.977-3716 (6b) Business Telephone: 434.977-3716 (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) All matters pertaining to the horse industry including Senate Bills 32, 33,34 (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:						
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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.						
	-	•	,	Jonathan Williams (Electronically Signed: 5/10/2016 7:11:13 PM		