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**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:** _____ NutriGenomic Health Consulting, LLC

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

Any and all matters affecting nutrition and nutrigenomics.

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:** _____ Christy Brooke Williamson

(2a) **Business Address:** _____ 13313 Prince James Drive Chesterfield, VA 23832

(2b) **Business Telephone:** _____ 804-337-9820

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:** _____ Christy Brooke Williamson

(3a) **Business Address:** _____ 13313 Prince James Drive Chesterfield, VA 23832

(3b) **Business Telephone:** _____ 804-337-9820

(3c) **Business Address/Telephone 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.**

John G Dicks
1802 Bayberry Court
Suite 403
Richmond, VA 23219
(804) 225-5507

SECRETARY OF THE COMMONWEALTH
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(5) **LOBBYIST:** _____ John G Dicks

(5a) **Business Address:** _____ 1802 Bayberry Court Suite 403, Richmond, VA 23226

(5b) **Business Telephone:** _____ 804-225-5507

(5c) **E-Mail Address:** _____ chipdicks@futurelaw.net

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:** _____ John G Dicks

(6a) **Business Address:** _____ 1802 Bayberry Court Suite 403, Richmond, VA 23226

(6b) **Business Telephone:** _____ 804-225-5507

(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)

Any and all matters affecting nutrition and nutrigenomics.

(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:**

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: _____ 12/04/2015 _____ Lobbyist's Signature: _____ John G Dicks (Electronically Signed: 12/4/2015 10:09:15 PM UTC)