

SECRETARY OF THE COMMONWEALTH LOBBYIST REGISTRATION FORM (Rev. 4/05)

FOR OFFICE USE ONLY
Principal Notification Date ____
Date Received ____

Fee Paid: Check # ____ Cash___

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:	Virginia Sexual and Domestic Violence Action Alliance
(1a) What type of business is the p	rinciple engaged in:
Supporting legislation and funding	g initiatives that enhance the prevention of and response to sexual and domestic violence.
Officer of Principal authorizing you may not appear in items 2 and 5 of t	r employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name this form.</i>
(2) Name:	Kristi Ann Van Audenhove
(2a) Business Address:	5008 Monument Avenue Suite A, Richmond, VA 23230
	804-377-0335
	ALL records, in behalf of the principal, with respect to your lobbying activities for their ly stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Kristi Ann Van Audenhove
(3a) Business Address:	5008 Monument Avenue Suite A, Richmond, VA 23230
(3b) Business Telephone:	804-377-0335
(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.

Lauren B. Schmitt The Hillbridge Group 28 N. 8th Street, 1st Floor Richmond, VA 23219 (804) 484-4751

Kristine Hall Virginia Sexual and Domestic Violence Action Alliance 5008 Monument Avenue, Suite A Richmond, VA 23230 (804) 377-0335

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5) LOBBYIST:	Aimee Perron Seibert
ia) Business Address:	
b) Business Telephone:	804-647-3140
· -	aimee@hillbridgegroup.com
	ords, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated stored in another location, please so indicate in the space provided in item 7d.
Name:	Aimee Perron Seibert
n) Business Address:	
b) Business Telephone:	804-647-3140
	number of location where records are stored:
violence. Oppose legislat) As a lobbyist, you are: (check	tion that undermines victims rights, autonomy, safety, and/or perpetrator accountability.
Employed (Lobbyist is	
_ , ,	not on payroll of principal, but is compensated)
Not Compensated (Lot	bbyist is not compensated, but expenses may be reimbursed)
) If you are <i>employed</i> either par	t-time or full-time by the principal, please give your job title:
	ist, do state that the information furnished on this registration statement and on any and ched thereto, is to the best of my knowledge and belief, complete and accurate.
	Lobbyist's Signature: Aimee Perron Seibert (Electronically Signed: 10/8/2015 5:43:21
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