



17WILA8599E

**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:** _____ BioDelivery Sciences International

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

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:** _____ Mark Sirgo

(2a) **Business Address:** _____ 4131 Parklake Avenue #225 Raleigh, NC 27612

(2b) **Business Telephone:** _____ 9195829050

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:** _____ Mark Sirgo

(3a) **Business Address:** _____ 4131 Parklake Avenue #225 Raleigh, NC 27612

(3b) **Business Telephone:** _____ 9195829050

(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.**

N/A

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(5) **LOBBYIST:** Ann Marie Williams
(5a) **Business Address:** 3208 St. Stephens Way Midlothian, VA 23235
(5b) **Business Telephone:** 804-405-1964
(5c) **E-Mail Address:** ccastro4@multistate.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:** Ann Marie Williams
(6a) **Business Address:** 3208 St. Stephens Way Midlothian, VA 23235
(6b) **Business Telephone:** 804-405-1964
(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)

Substance Abuse issues with treatment drugs that are being abused and misused in Virginia and nothing is being done about is from a legislative or regulatory aspect. This crisis continues with a high rate of overdoses increasing over the rate of fatalities from car accidents. All border states are working on these issues. Not Virginia.

(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: 05/02/2016 Lobbyist's Signature: Ann Marie Williams (Electronically Signed: 5/2/2016 4:22:45 PM UTC)