

Virginia Conflict of Interest and Ethics Advisory Council LOBBYIST REGISTRATION FORM (Rev. 4/26/2016)

FOR OFFICE USE ONLY
Principal Notification Date ____
Date Received ____

Fee Paid: Check # ____ Cash___

Please send the original and a copy with a \$100.00 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:	Peterson Companies
(1a) What type of business is the pri	nciple engaged in:
Real estate development ar	nd management services for commercial, office, residential and retail real estate.
Officer of Principal authorizing your amay not appear in items 2 and 5 of this	employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name is form.</i>
(2) Name:	Jim Mertz
	12500 Fair Lakes Circle Suite 400, Fairfax, VA 22033
(2b) Business Telephone:	703-227-2000
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:	Jim Mertz
(3a) Business Address:	12500 Fair Lakes Circle Suite 400. Fairfax. VA 22033
(3b) Business Telephone:	703-227-2000
(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.

Thomas A Lisk, 919 E. Main Street, Suite 1300, Richmond, VA 23219, 804-788-7740

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

(5) LOBB	YIST:	Julia C. Hammond
(5a) Busin	ess Address:	919 E. Main Street Suite 1300, Richmond, VA 23219
		804-788-7740
(5c) E-M a	il Address:	jhammond@eckertseamans.com
ndividual	who will retain ALL reco	ords, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated tored in another location, please so indicate in the space provided in item 7d.
6) Name:		Thomas A Lisk
		919 E. Main Street Suite 1300, Richmond, VA 23219
		804-788-7740
	rs and purpose for which	h you expect to lobby: (be as specific as possible in this response) ABC licenses.
(8) As a l o	bbyist, you are: (check	one)
	Employed (Lobbyist is	on payroll of principal)
	Retained (Lobbyist is no	ot on payroll of principal, but is compensated)
	Not Compensated (Lob	obyist is not compensated, but expenses may be reimbursed)
(9) 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 shed thereto, is to the best of my knowledge and belief, complete and accurate.