

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

1	6HAM0730FE	

FOR OFFICE USE ONLY Principal Notification Date ___ Date Received _ Fee Paid: Check # _____ _ Cash_

(1) PRINCIPAL:	AEG Live LLC
(1a) What type of business is the pri	nciple engaged in:
	Entertainment
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:	Shawn Trell
(2a) Business Address:	5750 Wilshire Blvd. Suite 501, Los Angeles, CA 90036
	(323) 930-5784
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:	Shawn Trell
(3a) Business Address:	5750 M/H-1 - DI -1 O H- 504 A 1 - O A 00000
	(323) 930-5784
	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 May H Fox, 919 E. Main Street, Suite 1300, Richmond, VA 23219; 804-788-7740

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

(5) LOBBYI	ST: Julia C. Hammond
, ,	s Address: 919 E. Main Street Suite 1300, Richmond, VA 23219
	s Telephone:
,	jhammond@eckertseamans.com Address:
	no will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated records are physically stored in another location, please so indicate in the space provided in item 7d.
6) Name: _	Thomas A Lisk
6a) Busines	s Address: 919 E. Main Street Suite 1300, Richmond, VA 23219
	s Telephone:
	and purpose for which you expect to lobby: (be as specific as possible in this response) matters relating to ABC licenses and performing arts facilities.
8) As a lob l	pyist, you are: (check one)
□ I	Employed (Lobbyist is on payroll of principal)
Z F	Retained (Lobbyist is not on payroll of principal, but is compensated)
□ N	Not Compensated (Lobbyist is not compensated, but expenses may be reimbursed)
9) If you a r	e employed either part-time or full-time by the principal, please give your job title:
	ne undersigned lobbyist, do state that the information furnished on this registration statement and on any and anying statements attached thereto, is to the best of my knowledge and belief, complete and accurate. O1/06/2016 Lobbyist's Signature: Julia C. Hammond (Electronically Signed: 1/6/2016 6:40:50 P