

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

Please send the original and a copy with a \$100.00 registration fee, made

Payable to the Treasurer of Virginia to:

Fee Paid: Ch

Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St 4<sup>th</sup> Floor Richmond, Virginia 23219

lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

FOR OFFICE U	SE ONLY
Principal Notificatio	n Date
Date Rec	
Fee Paid: Check #	Cash

(1) PRINCIPAL:	Virginia Council of Nurse Practitioners
(1a) What type of business is the p	rinciple engaged in:
	Nurse Practitioners
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:	Cynthia Fagan
	250 W. Main Street, Suite 100 Charlottesville, VA 22902
	757-289-1317
	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:	Cynthia Fagan
	250 W. Main Street, Suite 100 Charlottesville, VA 22902
(3b) Business Telephone:	757-289-1317
(3c) Business Address/Telephone	number of location where records are stored:

Richard K. Grossman, The Vectre Corporation, 707 East Main Street, Suite 1800, Richmond, Virginia 23219, 804-644-6600

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to

## SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

5) LOBBYIS	Γ:
5a) Business	Address: 707 East Main Street, Suite 1800 Richmond, VA 23219
	Telephone:
	dskiles@vectrecorp.com
	will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated cords are physically stored in another location, please so indicate in the space provided in item 7d.
6) Name:	Richard K. Grossman
	Address:707 East Main Street, Suite 1800 Richmond, VA 23219
	Telephone:
6c) Business	Address/Telephone number of location where records are stored:
` ′	ad purpose for which you expect to lobby: (be as specific as possible in this response) atters of interest to nurse practitioners.
8) As a lobby	ist, you are: (check one)
En	nployed (Lobbyist is on payroll of principal)
Re	tained (Lobbyist is not on payroll of principal, but is compensated)
□ No	t 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:
	undersigned lobbyist, do state that the information furnished on this registration statement and on any and ing statements attached thereto, is to the best of my knowledge and belief, complete and accurate.
an accompany Date:	10/11/2016  Lobbyist's Signature: M. David Skiles (Electronically Signed: 10/11/2016 6:51:24 PM)