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**SECRETARY OF THE COMMONWEALTH
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:** _____ AARP Virginia

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

Non profit 501 C4 membership organization dedicated to enhancing the quality of life for all as we age.

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:** _____ Peter Goldin

(2a) **Business Address:** _____ 707 E. Main Street Suite 910 Richmond, VA 23219

(2b) **Business Telephone:** _____ 804-344-3062

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:** _____ David M. DeBiasi

(3a) **Business Address:** _____ 707 E. Main Street Suite 910, Richmond, VA 23219

(3b) **Business Telephone:** _____ 804-344-3059

(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.**

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(5) **LOBBYIST:** David M. DeBiasi

(5a) **Business Address:** 707 E. Main Street Suite 910, Richmond, VA 23219

(5b) **Business Telephone:** 804-344-3059

(5c) **E-Mail Address:** ddebiasi@aarp.org

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:** David M. DeBiasi

(6a) **Business Address:** 707 E. Main Street Suite 910, Richmond, VA 23219

(6b) **Business Telephone:** 804-344-3059

(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)

Improve Healthcare (implementation of health care reform, Medicaid expansion, preserve or increase access to home and community based services, increase scope of practice for advanced nurses), preserve or increase Asset Protection/Financial Exploitation (funding for Adult Protective Services or other services that help victims, like long-term care ombudsman program; programs and services designed to prevent, detect, report, and address elder financial exploitation; criminal and civil penalties against elder financial exploitation).

(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:**

Director of Advocacy

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: 05/08/2015 Lobbyist's Signature: David M. DeBiasi (Electronically Signed: 5/8/2015 3:05:41 PM UTC)