



16WHI51EF9A

**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  
4<sup>th</sup> Floor  
Richmond, Virginia 23219*

**FOR OFFICE USE ONLY**  
**Principal Notification Date** \_\_\_\_\_  
**Date Received** \_\_\_\_\_  
**Fee Paid: Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

(1) **PRINCIPAL:** \_\_\_\_\_ Psychiatric Society of Va

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

Professional association for psychiatrists

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:** \_\_\_\_\_ Stewart Hinckley

(2a) **Business Address:** \_\_\_\_\_ 2209 Dickens Rd Richmond, VA 23230

(2b) **Business Telephone:** \_\_\_\_\_ 804-282-0090

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:** \_\_\_\_\_ Stewart Hinckley

(3a) **Business Address:** \_\_\_\_\_ 2209 Dickens Rd Richmond, VA 23230

(3b) **Business Telephone:** \_\_\_\_\_ 804-282-0090

(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.**

James Pickral  
118 N. 8th Street  
Richmond, VA 23219  
804-239-3579

SECRETARY OF THE COMMONWEALTH  
LOBBYIST'S REGISTRATION  
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(5) **LOBBYIST:** \_\_\_\_\_ D. Calloway Whitehead, III  
(5a) **Business Address:** \_\_\_\_\_ 118 N 8th Street Richmond, VA 23219  
(5b) **Business Telephone:** \_\_\_\_\_ 8043892825  
(5c) **E-Mail Address:** \_\_\_\_\_ cwhitehead@whiteheadconsulting.net

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:** \_\_\_\_\_ D. Calloway Whitehead, III  
(6a) **Business Address:** \_\_\_\_\_ 118 N 8th Street Richmond, VA 23219  
(6b) **Business Telephone:** \_\_\_\_\_ 8043892825  
(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)  
All matters pertaining to mental health policy, scope of practice issues, health care finance.

(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: \_\_\_\_\_ 12/09/2015 \_\_\_\_\_ Lobbyist's Signature: D. Calloway Whitehead, III (Electronically Signed: 12/9/2015 2:22:37 PM)