



17RHO7CC74F

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:

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:** _____ Virginia EMS Regional Directors Group

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

Training, planning and coordination of regional emergency medical services systems

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:** _____ James Chandler

(2a) **Business Address:** _____ c/o 2312 West Beverly Street Staunton, VA 24401

(2b) **Business Telephone:** _____ 757 963-0632

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:** _____ James Chander

(3a) **Business Address:** _____ c/o 2312 West Beverley Street Staunton, VA 24401

(3b) **Business Telephone:** _____ 757 963-0632

(3c) **Business Address/Telephone number of location where records are stored:**
2312 West Beverly St Staunton, VA 24401

_____ 540-886-3676

(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.**

N/A

SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION
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(5) **LOBBYIST:** R. Edward Rhodes

(5a) **Business Address:** Post Office Box 29647 Henrico, VA 23242

(5b) **Business Telephone:** 804-360-8922

(5c) **E-Mail Address:** rcgva@comcast.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:** R. Edward Rhodes

(6a) **Business Address:** Post Office Box 29647 Henrico, VA 23242

(6b) **Business Telephone:** 804-360-8922

(6c) **Business Address/Telephone number of location where records are stored:**
11210 Brewer Road Richmond, VA 23233

804-360-8922

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)
Training of emergency medical services providers, promulgation of regulations, funding for EMS

(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: 06/14/2016 Lobbyist's Signature: R. Edward Rhodes (Electronically Signed: 6/14/2016 7:06:57 PM UTC)