



16SZE38F193

**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*

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

(1) **PRINCIPAL:** _____ Virginia Professional Educators

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

Education: VPE is a 501(c)(6) professional association for teachers

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:** _____ Tracey Bailey

(2a) **Business Address:** _____ P.O. Box 885 Fredericksburg, VA 22404-0885

(2b) **Business Telephone:** _____ 888-873-9661

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:** _____ Tracey Bailey

(3a) **Business Address:** _____ P.O. Box 885 Fredericksburg, VA 22404-0885

(3b) **Business Telephone:** _____ 888-873-9661

(3c) **Business Address/Telephone number of location where records are stored:**

1108 East Main Street Suite 120, Richmond, VA 23219

888-873-9661

(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.**

**SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION
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(5) **LOBBYIST:** John Szewczyk

(5a) **Business Address:** P.O. Box 885 Fredericksburg, VA 22404

(5b) **Business Telephone:** 888-873-9661

(5c) **E-Mail Address:** John@VirginiaEducators.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:** Tracey Bailey

(6a) **Business Address:** P.O. Box 885 Fredericksburg, VA 22404-0885

(6b) **Business Telephone:** 888-873-9661

(6c) **Business Address/Telephone number of location where records are stored:**
1108 East Main Street Suite 1200, Richmond, VA 23219

888-873-9661

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)

Public Education Legislation and Funding; Teacher rights, Teacher Compensation, Employee Benefits, and VRS Retirement issues.

(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:**

Assistant State Director

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: 12/10/2015 Lobbyist's Signature: John Szewczyk (Electronically Signed: 12/10/2015 8:45:47 PM UTC)