



16ELW76ABB8

**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:** _____ March of Dimes - Virginia Chapter

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

_____ Infant and maternal health advocacy organization.

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:** _____ Sara Long

(2a) **Business Address:** _____ 4191 Innslake Drive Suite 201 Glen Allen, VA 23060

(2b) **Business Telephone:** _____ 8049684120

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:** _____ Sara Long

(3a) **Business Address:** _____ 4191 Innslake Drive Suite 201 Glen Allen, VA 23060

(3b) **Business Telephone:** _____ 8049684120

(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.**

Matthew P. Stanley, 919 East Main Street, Suite 1150, Richmond, Virginia 23219, (804) 643-2905

SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION
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(5) **LOBBYIST:** _____ William P. Elwood

(5a) **Business Address:** _____ 919 East Main Street Suite 1150, Richmond, VA 23219

(5b) **Business Telephone:** _____ 8046432905

(5c) **E-Mail Address:** _____ welwood@aegis-associates.com

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:** _____ William P. Elwood

(6a) **Business Address:** _____ 919 East Main Street Suite 1150, Richmond, VA 23219

(6b) **Business Telephone:** _____ 8046432905

(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 infant and maternal health.

(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: _____ 12/30/2015 _____ Lobbyist's Signature: _____ William P. Elwood (Electronically Signed: 12/30/2015 2:44:09 PM UTC)