

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

lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

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

(1) PRINCIPAL:	Virginia Association for Commercial Real Estate
(1a) What type of business is the pr	inciple engaged in:
An association r	representing commercial and industrial real estate industries in Virginia.
Officer of Principal authorizing your may not appear in items 2 and 5 of the	employment as a lobbyist, or to whom your expenditures will be reported. The same name his form.
(2) Name:	Martha D. Marks
(2a) Business Address:	1720 King Street Suite 410 Alexandria VA 22314
	703-845-7080
	ALL records, in behalf of the principal, with respect to your lobbying activities for their y stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Martha D. Marks
	1729 King Street Suite 410, Alexandria, VA 22314
(3b) Business Telephone:	703-845-7080
(3c) Business Address/Telephone n	umber of location where records are stored:

Marks, Martha D, VACRE, 1729 King Street, Ste 410, Alexandria, VA 22314, 703-845-7080 Philip F Abraham, The Vectre Corporation, 707 E Main Street, Ste 1800, Richmond, VA 23219, 804-644-6600

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

(5) LOBBYIST:	M. David Skiles
	707 East Main Street, Suite 1800 Richmond, VA 23219
5b) Business Telephone:	804-644-6600
	dskiles@vectrecorp.com
ndividual who will retain ALL reco	ords, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated tored in another location, please so indicate in the space provided in item 7d.
6) Name:	Philip F. Abraham
	707 East Main Street, Suite 1800 Richmond, VA 23219
b) Business Telephone:	804-644-6600
	number of location where records are stored:
8) As a lobbyist, you are: (check	one)
Employed (Lobbyist is	
_ • • • • •	of payroll of principal, but is compensated)
_ ` ` `	byist is not compensated, but expenses may be reimbursed)
_ ` `	t-time or full-time by the principal, please give your job title:
ll accompanying statements attac	st, do state that the information furnished on this registration statement and on any and hed thereto, is to the best of my knowledge and belief, complete and accurate.
Date:08/22/2016	Lobbyist's Signature: M. David Skiles (Electronically Signed: 8/22/2016 2:53:55 PM U