

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

FOR OFFICE US	
Principal Notification	1 Date
Date Rece	eived
Fee Paid: Check #	Cash

(1) PRINCIPAL:	Virginia Community Action Partnership
(1a) What type of business is the pri	nciple engaged in:
Non-prot	fit membership association representing anti-poverty agencies
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. <i>The same name is form.</i>
(2) Name:	James H Schuyler
(2a) Business Address:	707 E Franklin Street, Suite B Richmond, VA 23219
	804-644-0417
Officer of Principal who will retain	<b>ALL</b> records, in behalf of the principal, with respect to your lobbying activities for their stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	James H Schuyler
(3a) Business Address:	707 E Franklin Street, Suite B Richmond, VA 23219
	804-644-0417
(3c) Business Address/Telephone nu	imber 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

Michael Edwards, 12 S. 3rd Street, Richmond, VA 23219, 804-649-7945

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

## SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

5a) Busin		40.0. Ord Obract Disharand VA 00040
	ess Address:	12 S. 3rd Street Richmond, VA 23219
5b) Busin	ess Telephone:	804-640-7045
		fhelm@kemperconsult.com
		on behalf of the lobbyist, with respect to your lobbying activities for the afore-designate in another location, please so indicate in the space provided in item 7d.
6) Name:		Frederick P Helm
	ess Address:	40 C. 2nd Otroot Dishapped VA 22240
	ess Telephone:	804-649-7945
	s and purpose for which you	expect to lobby: (be as specific as possible in this response)
	bbyist, you are: (check one)	rginia Community Action Partnership.
	<b>Employed</b> (Lobbyist is on pa	yroll 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 a	are employed either part-time	e or full-time by the principal, please give your job title:
		o state that the information furnished on this registration statement and on any an hereto, is to the best of my knowledge and belief, complete and accurate.