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:** _____ Voices for Virginia's Children _____

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

Advocating for policies that improve the lives of Virginia's children, specifically in the areas of health and mental health, early
_____

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:** _____ Margaret Nimmo Crowe _____

(2a) **Business Address:** _____ 701 E. Franklin St. Suite 807, Richmond, VA 23219 _____

(2b) **Business Telephone:** _____ 8046490184 _____

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:** _____ Margaret Nimmo Crowe _____

(3a) **Business Address:** _____ 701 E. Franklin St. Suite 807, Richmond, VA 23219 _____

(3b) **Business Telephone:** _____ 8046490184 _____

(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.**

Margaret Nimmo Crowe
Amy Woolard
Emily Griffey

701 E. Franklin St. Suite 807
Richmond, VA 23219

(5) LOBBYIST: _____ Ashley Everette _____

(5a) Business Address: _____ 701 E. Franklin St. Suite 807, Richmond, VA 23219 _____

(5b) Business Telephone: _____ 8046490184 _____

(5c) E-Mail Address: _____ ashley@vakids.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: _____ Ashley Everette _____

(6a) Business Address: _____ 701 E. Franklin St. Suite 807, Richmond, VA 23219 _____

(6b) Business Telephone: _____ 8046490184 _____

(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)

Advocating for policies that improve the lives of Virginia's children, specifically in the areas of health and mental 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:

_____ Policy Analyst _____

    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: _____ Ashley Everette (Electronically Signed: 6/14/2016 8:13:31 PM UTC) _____