

SECRETARY OF THE COMMONWEALTH LOBBYIST REGISTRATION FORM (Rev. 4/05)

FOR OFFICE USE ONLY Principal Notification Date ____

Date Received _____ Fee Paid: Check # _____ Cash_

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

(1) PRINCIPAL:	Virgina Society for Human Life, Inc.		
(1a) What type of business is the p	principle engaged in: Not for Profit		
Officer of Principal authorizing you may not appear in items 2 and 5 of	ar employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name this form.</i>		
(2) Name:	Geline B Williams		
(2a) Business Address:	6767 Forest Hill Ave., Suite 270 Richmond, VA 23225		
(2b) Business Telephone:	804-560-8745		
	in ALL records, in behalf of the principal, with respect to your lobbying activities for their lly stored in another location, please so indicate in the space provided by item 3c.		
(3) Name:	Geline B Williams		
	6767 Forest Hill Ave., Suite 270 Richmond, VA 23225		
(3b) Business Telephone:	804-560-8745		
(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.

Advocacy for innocent human life.

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

Business Address: 804.560.8745	(5) LOBBYIST:		Louise D Hartz		
Solution Solution	(5a) Business Address:	6767 Forest Hi	ill Ave Suite 270, Richmond, VA 23225		
hartz_vshl@comcast.net hartz_vshl@comcast.net didvidual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated rincipal. If records are physically stored in another location, please so indicate in the space provided in item 7d. Solon Name: Geline B Williams			804.560.8745		
Geline B Williams Geline B Williams		ha	artz vshl@comcast net		
Solution Solution					
Business Address/Telephone: 804-560-8745	(6) Name:	Gel	ine B Williams		
Business Telephone: 804-560-8745	(6a) Business Address:	6767 Forest Hi	II Ave., Suite 270 Richmond, VA 23225		
Business Address/Telephone number of location where records are stored:					
Advocacy for innocent human life. 3) 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) 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 ll accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.					
□ 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) □ 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 ll accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.	(8) As a lobbyist, you are: (chec	ck one)			
Retained (Lobbyist is not on payroll of principal, but is compensated) Not Compensated (Lobbyist is not compensated, but expenses may be reimbursed) 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 ll accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.	<u> </u>				
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I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and ll accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.		•			
ll accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.	9) If you are <i>employed</i> either pa	irt-time or full-time by the prii	ncipal, please give your job title:		
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