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**SECRETARY OF THE COMMONWEALTH  
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  
4<sup>th</sup> Floor  
Richmond, Virginia 23219*

**FOR OFFICE USE ONLY**  
**Principal Notification Date** \_\_\_\_\_  
**Date Received** \_\_\_\_\_  
**Fee Paid: Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

(1) **PRINCIPAL:** \_\_\_\_\_ Virginia Trial Lawyers Association

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

Issues affecting the civil and criminal justice system and administrative laws, including those governing workers compensation

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:** \_\_\_\_\_ Jack L Harris

(2a) **Business Address:** \_\_\_\_\_ 919 East Main Street 24th floor, Richmond , VA 23219

(2b) **Business Telephone:** \_\_\_\_\_ 8043431143

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:** \_\_\_\_\_ Jack L Harris

(3a) **Business Address:** \_\_\_\_\_ 919 East Main Street 24th floor, Richmond , VA 23219

(3b) **Business Telephone:** \_\_\_\_\_ 8043431143

(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.**

Jack L. Harris  
John D. Ayers  
919 E Main Street  
Suite 620  
Richmond VA 23219  
804-343-1143

Steven W. Pearson  
One Monument Ave

413 Stuart Circle  
Suite 311  
Richmond VA 23220

**SECRETARY OF THE COMMONWEALTH**  
**LOBBYIST'S REGISTRATION**  
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(5) **LOBBYIST:** Amanda Lynn Burnett

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

(5b) **Business Telephone:** 8043431143

(5c) **E-Mail Address:** mburnett@vtla.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:** Jack L Harris

(6a) **Business Address:** 919 East Main Street 24th Floor , Richmond , VA 23219

(6b) **Business Telephone:** 8043431143

(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)

Issues affecting the civil and criminal justice system and administrative laws, including those governing workers' compensation.

(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:**

Director Government Affairs

**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: 08/25/2015 Lobbyist's Signature: Amanda Lynn Burnett (Electronically Signed: 8/25/2015 2:56:54 PM)