### GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF CAMPAIGN FINANCE WASHINGTON, D.C. 20009

TERMINATION

	WA	SHINGTON, D.C. 2	0009	0
		BBYIST ACTIVITY RI		ID#
	AMENDMENT			
Тур	pe of Report	-	a January Report, please oming calendar year.	indicate if you intend to Yes  \Boxed No
	$\square$ July			
1.	(a) Registrant's Name Arent Fox, LLP		_(b) Daytime Phone Nu	mber <u>(202)</u> 857-6000
	(c) Permanent Address 1717 K St., NW		Washington, DC	20036-5342
	(Stre	eet Address)	(City, State, Zip C	Code)
	(d) Temporary Address (while lobbying)	N/A (Street Address)	(City, Sta	ate, Zip Code)
2.	Lobbyist(s) Working for Registrant: Attach a	n OCF Supplemental She	et if additional space is	needed.
	(a) Name Eve Corbin, Arent Fox LLP	(b) Nam	e <u>Edna Garrett, A</u>	arent Fox LLP
	Address 1717 K Street , NW (Street Address)	Add	dress 1717 K St., NV (Street Ad	
	Washington, DC 20036-534 (City, State, Zip Code)	2		OC 20036-5342 e, Zip Code)
	Daytime Phone Number: (202) 828-3432	Day	rtime Phone Number	(202) 715-8588
3.	Person Compensating Registrant:			
	(a) Name Council on Foreign Relations	s (b) Day	vtime Phone Number	(202) 509-8400
	(c) Address 1777 F Street, N.W., S	uite 100	Washington, DC 2	
	(Street Address)		(City, State, Zip C	ode)
	(d) Nature of Business Non-profit o	rganization		
4.	Terms of Compensation: (a) Hourly Salary	(b)	N/A	
	Salary		Duration of Emplo	oyment
5.	Identify matter(s) by subject and formal design Supplemental Sheet if additional space is need.		yist/registrant expects to	lobby. Attach an OCF
	Approval of tax exemption for charter school			

REMINDER - Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

Nai	me Date	
Naı	ne Date _	
Naı	me Date _	
Nai	me Date _	
Nai	me Date _	
Nai	me Date _	
Naı	me Date _	
Naı	me Date _	
7.	Total compensation/receipts paid to the Lobbyist for lobbying during the reported particle (Schedule A)	period: \$0.00
3.	Total of other compensation/receipts for lobbying services and compensation paid (Schedule A-1)	to others: \$
).	Total amount of Loans received by the Lobbyist in connection with lobbying durin (Schedule A-2)	g the reporting period: \$
10.	Total receipts (Add Lines 7, 8 and 9)	\$0.00
11.	Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B)	\$
12.	Total of other expenditures related to lobbying activities: (Schedule B-1)	\$
	Total expenditures (Add Lines 11 and 12)	\$

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or

# LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A - COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING: YEAR: 2012

Type of report:	☐ January	□July
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Period Covering: July 1, 2012 through December 1, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Arent Fox LLP

	LOBBYI	ST/EMPLO	YEE LOBBYIS	T'S NAME:	Arent Fox LLP	
COMPENSATION	/RECEIPTS PAID FO	R LOBBYING	(AMOUNTS M	AY BE ROUNDED OF	FF TO WHOLE DOLLARS)	
EMP	LOYER'S NAME, ADI	DRESS AND	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)		
Council on For 1777 F Street, Washington, D	N.W., Suite 100					
FEES/RETAINER \$0.00	COMPENSATION \$	\$	\$	\$	\$0.00	\$0.00
	LOYER'S NAME, ADI				TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION		I			
\$	S	\$	\$	\$	\$	\$
ЕМР	LOYER'S NAME, ADI	DRESS AND	TELEPHONE N	UMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER COMPENSATION						
\$	\$	\$	\$	\$	\$	\$
EMP	LOYER'S NAME, ADI	DRESS AND	TELEPHONE NU	UMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				]	
\$	\$	\$	\$	\$	\$	\$
	OTAL RECEIPTS	RECEIVED	FOR LORPVI	NG		
1	(CARRY TOTAL				\$0.00	\$0.00

 $\hfill \Box$  if more space is needed, check box and attach supplemental sheet (see reverse side for instructions)

# LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A-1 – LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS: YEAR: 2012

Type of report: LJ J	anuary	∟July	
Period Covering: July 1, 2012	_ through	December 1, 2012	
 LOBBYIST/EMPLOYEE LOBBYIST'S NA	AME:	Arent Fox LLP	

				ME: Arent F			
	FION/RECEIPTS RECEI CTIVITIES RELATIVE				OYEE AND PAID BY T	HE COMPENSAT	ING
	EMPLOYER'S N	AME, ADDRES	S AND TELEP	HONE NUMBER		TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
	EMPLOYER'S N	AME, ADDRES	S AND TELEP	HONE NUMBER		TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
	EMPLOYER'S N	AME, ADDRES	S AND TELEP	HONE NUMBER		TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
	EMPLOYER'S N	AME, ADDRES	S AND TELEP	HONE NUMBER		TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
	TOTAL OTI	HER COMPE			D FOR LOBBYING WARD TO LINE 8)	\$	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE REVERSE SIDE FOR INSTRUCTIONS)

## OFFICE OF CAMPAIGN FINANCE LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A-2 – LOANS RECEIVED BY THE LOBBYIST: YEAR: \_2012

Period Covering: July 1, 2012 through December 1, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Arent Fox LLP

LOANS REC	CEIVED IN CONNI	ECTION WITH LO	BBYING ACT	IVITY		
	EMPLOYER'S NA	AME, ADDRESS A	ND TELEPHO	NE NUMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
	-	**************************************				
LOAN	<del></del>					
\$	\$	\$	\$	\$		
					\$	\$
	EMPLOYER'S NA	AME, ADDRESS A	ND TELEPHO	NE NUMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
				******		
LOAN						
\$	\$	\$	\$	\$	\$	\$
	EMPLOYER'S NA	AME, ADDRESS A	ND TELEPHO	NE NUMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
	EMPLOYER'S NA	AME, ADDRESS A	ND TELEPHON	NE NUMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
				<del></del>		
LOAN	<del></del> -					
LOAN \$	\$	\$	\$	\$		
					\$	\$
		ANS RECEIVED				
	(CARRY	TOTAL FORW	ARD TO LIN	E 9)	\$	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

Rev. 09/06

## COMPENSATING REGISTRANT'S ACTIVITY REPORT Page 1 of 1 SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST

**YEAR:** <u>2012</u>

Period Covering: July 1, 2012 through December 1, 2012									
	Period Covering: July 1, 2012 through December 1, 2012								
COMPENSATING REGISTRANT'S NAME: Arent Fox LLP									
PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES									
ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYING AND/OR IN-HOU FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.	ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYING AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.								
DATE NAME AND ADDRESS OF PAYEE PURPOSE OF COMPENSATION PERIO									
·									
\$	\$								
s	\$								
S	\$								
\$	\$								
\$	\$								
\$	\$								
\$	\$								
s	\$								
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11) \$	\$								

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

## LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT SCHEDULE B-1 - OTHER EXPENDITURES

**YEAR:** 2012

Page <u>1</u> of <u>1</u>

Type of report:
Period Covering: July 1, 2012 through December 1, 2012
COMPENSATING REGISTRANT'S NAME: Arent Fox LLP

OTHER ACT	TIVITY EXPENSES INCURRED, OR P FOR ACTIVITIES RELATIVE TO LOI	AID BY THE COMPENSATING REGISTRANT TO THE BYING ACTIVITIES IN THE DISTRICT.	HE LOBBYIST AND/OR IN-HOUS	SE EMPLOYEE
DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL PAYMENT
				\$
	***************************************			\$
				\$
				\$
				\$
				\$
				\$
				,
	· · · · · · · · · · · · · · · · · · ·			\$
	TOTAL	OTHER EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 12)	\$	\$

<sup>☑</sup> IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

#### OFFICE OF CAMPAIGN FINANCE LOBBYIST ACTIVITY REPORT **SCHEDULE C**

(See reverse side for instructions)

YEAR \_2012

Type of report:	January	□July		
Period Covering:	July 1, 2012 thro	ugh <u>December 1,</u>	2012	
LOBBYIST/COMPI	ENSATING'S REGI	STRANT'S NAME	: Arent Fox LLP	
DATE	NAM	ME	NATURE OF EMPI REGIST	
			erjury that the statements wledge, true, correct, and	
registrant must sig *The lobbyist retai	n). ined by contract to		thorized officer or agen	
the compensating in Subscribed and swo	registrant.  orn to before me on t	his 12 <sup>th</sup> day	of December	, <b>2012</b> .
		Caim	of <u>December</u> en D. Zoll man	
My Commission Ex		Notary Public	С	
11877				