

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

☒ ORIGINAL

LOBBYIST REGISTRATION FORM

(See reverse side for Instructions)

Non-Profit ☒ For-Profit ☐

Filing Fee Enclosed ☐ \$250.00

☐ AMENDMENT

☒ \$50.00

1. (a) Registrant's Name Arent Fox LLP (b) Daytime Phone Number (202) 857-6000
(c) Permanent Address 1717 K Street, NW Washington, DC 20036
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)
(e) E-Mail Address newman.richard@arentfox.com
2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.
- | | |
|--|---|
| (a) Name <u>Jon Bouker, Arent Fox LLP</u> | (b) Name <u>Richard Newman, Arent Fox LLP</u> |
| Address <u>1717 K Street, N.W.</u> | Address <u>1717 K Street, N.W.</u> |
| (Street Address) | (Street Address) |
| <u>Washington, DC 20036</u> | <u>Washington, DC 20036</u> |
| (City, State, Zip Code) | (City, State, Zip Code) |
| Daytime Phone Number <u>(202) 857-6183</u> | Daytime Phone Number <u>(202) 857-6170</u> |

☒ If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.
- | | |
|---|--|
| (a) Name <u>Shakespeare Theatre</u> | (b) Daytime Phone Number <u>(202) 547-3230</u> |
| (c) Address <u>516 8th Street, SE</u> | <u>Washington, DC 20003</u> |
| (Street Address) | (City, State, Zip Code) |
| (d) Nature of Business <u>Non-profit organization</u> | |
4. Terms of Compensation: a) Hourly (Salary) (b) Ongoing (Duration of Employment)

☐ If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Public Financing.

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign).

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 3rd day of January, 2013.

Carmen D. Zellman
Notary Public

My Commission Expires: 12/14/16

EXP.
12-14-16

Rev. 7/12/2012

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441 4TH STREET, N.W., SUITE 830 SOUTH
WASHINGTON, D.C. 20001

THIS FORM SHOULD BE USED TO SUPPLEMENT SPACE FOR ADDITIONAL INFORMATION WHEN REQUIRED TO COMPLETE RESPONSES TO QUESTIONS APPEARING ON ALL OFFICE OF CAMPAIGN FINANCE (OCF) FORMS. PLEASE IDENTIFY THE OCF FORM YOU ARE SUPPLEMENTING AND THE SPECIFIC QUESTION(S) TO WHICH YOU ARE RESPONDING. USE A SEPARATE SUPPLEMENTAL SHEET FOR EACH FORM SUPPLEMENTED.

Supplement to Form # BEGA Form 25

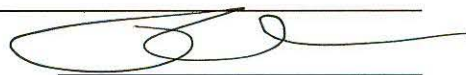
Title of Form Lobbyist Registration Form

Response(s) to Question(s) # 2

c. Chris Jennings, Shakespeare Theatre
516 8th Street, SE
Washington, DC 20003
Phone: (202) 547-3230

1/8/2013

DATE



SIGNATURE