GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
441 4th Street, N.W., Suite 830S
Washington, D.C. 20001

LOBBYIST REGISTRATION FORM

For-Profit ☐ **Filing Fee Enclosed** ☐ $250.00
Non-Profit ☑ **Filing Fee Enclosed** ☑ $50.00

Year 2013

☑ **Original** ☐ **Amendment**

A person and/or entity shall register ("Registrant") with the Director of Government Ethics by filing a Lobbyist Registration Form and paying the required registration fee if the person:
(a) receives compensation in an amount of $250 or more in any three (3) consecutive calendar-month period for lobbying;
(b) receives compensation from more than one source in an aggregate amount of $250 or more in any three (3) consecutive calendar-month period for lobbying; or
(c) expends funds in an amount of $250 or more in any three (3) consecutive calendar-month period for lobbying.[1]

"Registrant," as referenced above, includes ANY and ALL of the following:
(a) an individual ("Lobbyist")
(b) an entity ("Lobbying Entity") (*i.e.* a partnership, committee, corporation, labor organization, and/or any other organization) that employs lobbyists and/or provides lobbying services to clients, and/or
(c) individuals and/or entities ("Clients") that retain Lobbyists and/or Lobbying Entities to perform lobbying services.

Each Registrant shall file a registration form with the Director of Government Ethics, signed under oath, on or before January 15th of each year, or no later than 15 days after becoming a Lobbyist (and on or before January 15th of each year thereafter). If the Registrant is not an individual, an authorized officer or agent of the Registrant (i.e. Lobbying Entity and/or Client) shall sign the form. A Registrant shall file a separate registration form for each person from whom the Registrant receives compensation for lobbying activities.[2]

1. (a) Name of Registrant Center for Science in the Public Interest

(b) Daytime Telephone Number 202-332-9110 Cellular Telephone Number N/A

(c) Email Address dallen@cspinet.org

(d) Permanent Address 1220 L Street, N.W., Suite 300, Washington, DC 20005
(Street Address) (City, State, Zip Code)

[1] D.C. Official Code § 1-1162.27(a).

[2] D.C. Official Code § 1-1162.29(a).

(e) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)

(f)Registrant is: ○ Lobbyist ◉ Lobbying Entity ○ Client

2. Lobbyist(s) working for the Lobbying Entity: Attach a Supplemental Sheet if additional space is needed.[3]

(1)(a) Name Katherine Bishop

(b) Daytime Telephone Number: 202-777-8351 Cellular Telephone Number N/A

(c) Address Same as above
(Street Address) (City, State, Zip Code)

(2)(a) Name _____

(b) Daytime Telephone Number: _____ Cellular Telephone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

(3)(a) Name _____

(b) Daytime Telephone Number: _____ Cellular Telephone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

3. Clients of Registrant (when Registrant is a Lobbyist and/or Lobbying Entity)
Note: Registrants must file a separate Lobbyist Registration Form for each person from whom he or she receives compensation (i.e. client).[4]

(a) Name Self - see #1 above

(b) Daytime Phone Number _____ Cellular Telephone Number _____

(c)Address _____
(Street Address) (City, State, Zip Code)

(d) Nature of
Business Research, education & advocacy on nutrition, food safety & health.

4. Terms of Compensation: (a) $52,576 - annual (b) Full-time employee
(i.e., Hourly, Annual fee) Duration of Engagement

[3] D.C. Official Code § 1-1162.30(6).
[4] D.C. Official Code § 1-1162.29(a).

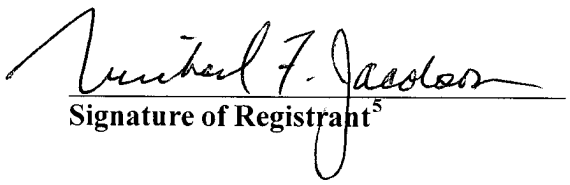
5. Identify matter(s) by subject and formal designation on which the Lobbyist and/or Lobbying Entity expects to lobby on behalf of the client identified in (3) above. Attach a Supplemental Sheet if additional space is needed.

Nutrition standards for foods and beverages including - among others - B20-0049 (Wellness Act 2013).

I, the undersigned, certify and declare under oath that all of my statements on this form is to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001).

Michael F. Jacobson

Name and Title (Printed)



Signature of Registrant[5]

[5] If not an individual, an authorized officer or agent of the Registrant must sign.