

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

Year 2013

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name 7-Eleven, Inc. (b) Daytime Phone Number 972-828-7804
(c) Permanent Address One Arts Plaza, 1722 Routh Street, Dallas, Texas 75202
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address _____

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 Ellen Valentino-Benitez (b) Name _____
Address 30 Pinkney Street Address _____
(Street Address) (Street Address)
Annapolis, MD 21401 (City, State, Zip Code) (City, State, Zip Code)

- Daytime Phone Number 410-693-2226 Daytime Phone Number _____
 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 an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name n/a (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business Retail Corporation

4. Terms of Compensation: (a) _____ (b) _____
(Salary) (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.
Matters relating to the sale of retail products and franchise issues.

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.

Diana O'Donoghue
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 2nd day of January, 2013.
Danielle A. Purpura
Notary Public

My Commission Expires: 9/9/2016

Rev. 12/2012

BEGAFORM25

Danielle A. Purpura
Notary Public
My Commission Expires September 9, 2016
Commonwealth of Massachusetts

rec'd by: S. Peterson (BEGA)
1/7/13

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

Year 2012

Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# _____

Type of Report: January 2013 If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. Yes No
 July _____

1. (a) Registrant's Name 7-Eleven, Inc. (b) Daytime Phone Number 972-828-7804
(c) Permanent Address One Arts Plaza, 1722 Routh Street, Dallas, TX 75202
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name Ellen Valentino-Benitez (b) Name _____
Address 30 Pinkney Street Address _____
(Street Address) (Street Address)
Annapolis, MD 21401 _____
(City, State, Zip Code) (City, State, Zip Code)
Daytime Phone Number 410-693-2226 Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name _____ (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business Retail Corporation

4. Terms of Compensation: (a) _____ Salary (b) until terminated Duration of Employment

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

Matters relating to the sale of retail products and franchise issues.

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

rec'd by: S. Peterson (BEGA)
1/7/13

Rev. 12/2012

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name	<u>See Ellen Valentino-Benitez</u>	Date	_____
Name	_____	Date	_____
Name	<u>No activity</u>	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____

- 7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 0
(Schedule A)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ 0
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 0
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ 0
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 0
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ 0
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 0

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2012

Type of Report: January 2013 July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: 7-Eleven, Inc.

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 0	\$ 0

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

