

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

Year 2013

OCF USE ONLY

ID# _____

ORIGINAL

LOBBYIST REGISTRATION FORM
(See reverse side for Instructions.)

AMENDMENT

1. (a) Registrant's Name AARP (b) Daytime Phone Number 202-434-7701
(c) Permanent Address 601 E Street, NW Suite A1-200 Washington, DC 20049
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)

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 Louis Davis (b) Name James McSpadden
Address 601 E Street, NW, Suite A1-200 Address 601 E Street, NW, Suite A1-200
(Street Address) (Street Address)
Washington, DC 20049 Washington, DC 20049
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 202-434-7712 Daytime Phone Number 202-434-7706
 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 AARP (b) Daytime Phone Number 202-434-7701
(c) Address 601 E Street, NW, Suite A1-200 Washington, DC 20049
(Street Address) (City, State, Zip Code)
(d) Nature of Business Non-profit membership organization

4. Terms of Compensation: (a) Annual (b) Indefinite
(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 an OCF Supplemental Sheet if additional space is needed.

Social Security, Prescription affordability, Long-Term Care, Economic Security, Consumer Protection and other issues impacting the 50+ population.

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.

Louis Davis

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 14th day of January 2013

Barbara J. Johnson
Notary Public

My Commission Expires: 4/30/2016

