

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

Year 2013

Filing Fee Enclosed
 Profit / \$250.00
 Non-Profit / \$50.00

ORIGINAL
 AMENDMENT

LOBBYIST REGISTRATION FORM
(See reverse side for Instructions)

1. (a) Registrant's Name Alexander Shekhdar (b) Daytime Phone Number (301) 233-0453
(c) Permanent Address 14417 Myer Terrace Rockville, MD 20853
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)
(e) E-Mail Address arshekhdar@magellanhealth.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 N/A (b) Name _____
Address _____ Address _____
(Street Address) (Street Address)

(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number _____ 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 a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

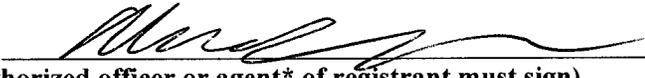
(a) Name N/A (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) \$90.48 (b) hourly
(Salary) (Duration of Employment)

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

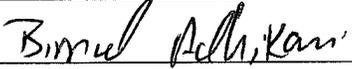
5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach an OCF Supplemental Sheet if additional space is needed. any and all matters related to specialty managed health care, including behavioral health services, radiology services, specialty services, and Medicaid services

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 17TH day of JUNE, 2013


Notary Public

My Commission Expires: July 25, 2016

BIMAL ADHIKARI BEGA REC'D 28 JUN '13
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND