

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

Year 2013

Filing Fee Enclosed

Profit / \$250.00

ORIGINAL

LOBBYIST REGISTRATION FORM

Non-Profit / \$50.00

AMENDMENT

(See reverse side for Instructions)

1. (a) Registrant's Name Apartment & Office Building Association of Metropolitan Washington (b) Daytime Phone Number 202-296-3390
(c) Permanent Address 1050 17th Street, NW, Suite 300, 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 jclarke@aoba-metro.org

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 Nicola Whiteman (b) Name W. Shaun Pharr
Address 1050 17th Street, NW, Suite 300 Address 1050 17th Street, NW, Suite 300
(Street Address) (Street Address)
Washington, DC 20036 Washington, DC 20036
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 202-296-3390 Daytime Phone Number 202-296-3390
 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 Apartment & Office Building Association of Metropolitan Washington (b) Daytime Phone Number 202-296-3390
(c) Address 1050 17th Street, NW, Suite 300, Washington, DC 20036
(Street Address) (City, State, Zip Code)
(d) Nature of Business Real Estate Trade Association

4. Terms of Compensation: (a) N. Whiteman \$76,333.86 (90%) (b) Indefinite
W. Pharr \$14,701.71 (20%) (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.

Housing, Taxes, Rent Control, Condominium legislation & Property Taxation

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 11th day of February, 2013.

My Commission Expires: 7/31/17

Rev. 3/2010

BEGA REC'D 15FEB'13

OCF FORM 25



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
2000 14TH STREET, N.W., SUITE 420
WASHINGTON, D.C. 20009

OCF ID# LB700032

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# Page 1

Title of Form Lobby Registration

Response(s) to Question(s) # _____

Greenstein, DeLorme & Luchs, PC

1620 L Street, NW, Suite 900

Washington, DC 20036

Compensation is on an hourly basis.

2-11-13

DATE

Jeanne Clarke
SIGNATURE

Effective 6/98

OCF Form 22