

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

TERMINATION

Year 2012

LOBBYIST ACTIVITY REPORT

(See reverse side for Instructions)

ID# _____

ORIGINAL

AMENDMENT

Type of Report January

If you are filing a January Report, please indicate if you intend to lobby in the upcoming calendar year. Yes No

July

1. (a) Registrant's Name Council on Foreign Relations (b) Daytime Phone Number (202) 509-8400

(c) Permanent Address 1777 F Street, N.W., Suite 100 Washington, DC 20006
(Street Address) (City, State, Zip Code)

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

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

(a) Name Eve Corbin, Arent Fox LLP (b) Name Edna Garrett, Arent Fox LLP

Address 1717 K Street, NW
(Street Address)

Address 1717 K St., NW
(Street Address)

Washington, DC 20036-5342
(City, State, Zip Code)

Washington, DC 20036-5342
(City, State, Zip Code)

Daytime Phone Number: (202) 828-3432

Daytime Phone Number (202) 715-8588

3. Person Compensating Registrant:

(a) Name N/A (b) Daytime Phone Number N/A

(c) Address N/A
(Street Address) (City, State, Zip Code)

(d) Nature of Business Non-profit organization

4. Terms of Compensation: (a) Hourly (b) N/A
Salary Duration of Employment

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

Approval of tax exemption for charter school

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

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 an OCF Supplemental Sheet if additional space is needed.

Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____

- 7. Total compensation/receipts paid to the Lobbyist for lobbying during the reported period: \$ _____
(Schedule A)
- 8. Total of other compensation/receipts for lobbying services and compensation paid to others: \$ _____
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ _____
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8 and 9) \$ _____
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$0.00
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ _____
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$0.00

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A - COMPENSATION/RECEIPTS PAID TO THE LOBBYIST
FOR LOBBYING: YEAR: 2012

Type of report: January July

Period Covering: July 1, 2012 through December 1, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Council on Foreign Relations

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

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

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT **PAGE 1 OF 1**
SCHEDULE A-1 – LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS: YEAR: 2012

Type of report: January July

Period Covering: July 1, 2012 through December 1, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Council on Foreign Relations

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR ACTIVITIES RELATIVE TO LOBBYIST ACTIVITIES IN THE DISTRICT						TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)						\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
(SEE REVERSE SIDE FOR INSTRUCTIONS)

**OFFICE OF CAMPAIGN FINANCE
 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT
 SCHEDULE A-2 – LOANS RECEIVED BY THE LOBBYIST:**

**PAGE 1 OF 1
 YEAR: 2012**

Type of report: January July

Period Covering: July 1, 2012 through December 1, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Council on Foreign Relations

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THIS PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

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

OFFICE OF CAMPAIGN FINANCE
COMPENSATING REGISTRANT'S ACTIVITY REPORT Page 1 of 1
SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST

YEAR: 2012

Type of report: January July

Period Covering: July 1, 2012 through December 1, 2012

COMPENSATING REGISTRANT'S NAME: Council on Foreign Relations

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES				
ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYING AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.				
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
06/01/12 – 12/01/12	Arent Fox LLP 1717 K Street, NW Washington, DC 20036-5339	Legal Fees	\$0.00	\$0.00
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$0.00	\$0.00

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

**OFFICE OF CAMPAIGN FINANCE
 LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT
 SCHEDULE B-1 - OTHER EXPENDITURES**

YEAR: 2012

Type of report: January July

Period Covering: July 1, 2012 through December 1, 2012

COMPENSATING REGISTRANT'S NAME: Council on Foreign Relations

OTHER ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.				
DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL PAYMENT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL OTHER EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 12)			\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B-1

IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

