

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 Goldblatt Martin Pozen LLP
(b) Daytime Phone Number 202-630-6432
(c) Permanent Address 506 9th Street NW
(Street Address) Washington, DC 20004
(City, State, Zip Code)
(d) Temporary Address (while lobbying) n/a
(Street Address) _____
(City, State, Zip Code) _____
(e) E-Mail Address dgoldblatt@gmplp.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 David L. Goldblatt
Address 506 9th Street NW
(Street Address) _____
Washington, DC 20004
(City, State, Zip Code) _____
Daytime Phone Number 202-630-6432
 If more space is needed, check box and attach OCF Supplemental Sheet.

(b) Name Katherine J. Stocks
Address 506 9th Street NW
(Street Address) _____
Washington, DC 20004
(City, State, Zip Code) _____
Daytime Phone Number 202-630-6439

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 DC Chamber of Commerce
(b) Daytime Phone Number 202-347-7201
(c) Address 506 9th Street NW
(Street Address) _____
Washington, DC 20004
(City, State, Zip Code) _____
(d) Nature of Business Chamber of Commerce

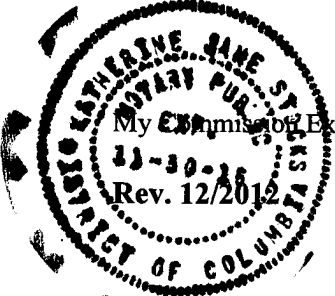
4. Terms of Compensation: (a) retainer
(Salary) _____
(b) 12-month period
(Duration of Employment) _____
 If more space is needed, check box and attach OCF Supplemental Sheet.

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.

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 5th day of April, 2013



KATHERINE JANE STOCKS
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires November 30, 2016

[Signature]
Notary Public

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