

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 ABC of Metro Washington (b) Daytime Phone Number (202) 349-3821
(c) Permanent Address 1725 Eye Street, NW Suite 300 Washington, D.C. 20006
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address ejones@abcmetrowashington.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 Eric J. Jones
Address 1725 Eye Street, NW Suite 300
(Street Address)
Washington, D.C. 20006
(City, State, Zip Code)

(b) Name Robert "Bob" Zinsmeister
Address 4061 Powder Mill Road, Suite 120
(Street Address)
Calverton, MD 20705
(City, State, Zip Code)

Daytime Phone Number (202) 349 - 3821
 If more space is needed, check box and attach OCF Supplemental Sheet.

Daytime Phone Number (301) 595 - 9711

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 _____ (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) _____ (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 a Supplemental Sheet if additional space is needed.

Any legislation realted ot Construction, Building Codes, Hiring Preferences, Project Labor Agreements, Employer Benefits and other Business issues

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.

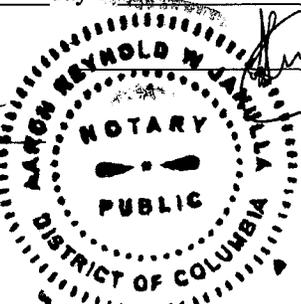
Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)
*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant

Subscribed and sworn to before me on this 10th day of JANUARY, 2013.

My Commission Expires: MARCH 31, 2015

Rev. 12/2012

Aaron Reynold W Jakulla
District of Columbia, Notary Public
My Commission Expires
March 31, 2015



Notary Public
Aaron Reynold W Jakulla
District of Columbia, Notary Public
My Commission Expires
March 31, 2015

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