



17FOXC375B3

**Virginia Conflict of Interest and Ethics Advisory Council
LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 registration fee, made
Payable to the Treasurer of Virginia to:

*Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad St
4th Floor
Richmond, Virginia 23219*

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ MoveOn.org Civic Action

(1a) **What type of business is the principle engaged in:**

MoveOn.org Civic Action is a 501(c)(4) social welfare organization.

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** _____ Justin Ruben

(2a) **Business Address:** _____ PO Box 96141 Washington, DC 20090

(2b) **Business Telephone:** _____ 2024654234

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** _____ Justin Ruben

(3a) **Business Address:** _____ PO Box 96141 Washington, DC 20090

(3b) **Business Telephone:** _____ 2024654234

(3c) **Business Address/Telephone number of location where records are stored:**

1442 Walnut St, #358 Berkeley, CA 94709

2024654234

(4) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.**

SECRETARY OF THE COMMONWEALTH
LOBBYIST'S REGISTRATION
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(5) **LOBBYIST:** _____ Robert Fox
(5a) **Business Address:** _____ 221 Grant Avenue Takoma Park, MD 20912
(5b) **Business Telephone:** _____ 301-585-0434
(5c) **E-Mail Address:** _____ robert.fox@moveon.org

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) **Name:** _____ Robert Fox
(6a) **Business Address:** _____ 221 Grant Avenue Takoma Park, MD 20912
(6b) **Business Telephone:** _____ 301-585-0434
(6c) **Business Address/Telephone number of location where records are stored:**

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)

MoveOn.org Civic Action is a 501(c)(4) organization that provides information and tools to enable individuals to express their views to legislators and policy makers, reinvigorating the democratic process. MoveOn Petitions, which lives within the MoveOn.org website, allows anyone to set up their own online petition, share it with friends, and stay in touch with the signers of their petition using email.

(8) **As a lobbyist, you are:** (check one)

- ☒ **Employed** (Lobbyist is on payroll of principal)
☐ **Retained** (Lobbyist is not on payroll of principal, but is compensated)
☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) **If you are *employed* either part-time or full-time by the principal, please give your job title:**

Chief Operating Officer

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: _____ 05/02/2016 _____ Lobbyist's Signature: _____ Robert Fox (Electronically Signed: 5/2/2016 8:39:32 PM UTC)