Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF T
02 JUN 17 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 1/1/2002

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Charles Shipp & Associates

Address 2602 N Brandywine St.

City Arlington State VA Zip 22207

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(703) 533-8029 Contact Charles Shipp E-mail (optional)

6. General description of registrant's business or activities

Lobbying Congress

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists sh

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name AT&T

Address 1120 20th Street - Suite 1000

City Washington State DC Zip 20036

8. Principal place of business (if different from line 7)

City Basking Ridge State/Zip (or Country) New Jersey

9. General description of client's business or activities

Telecommunications

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If this section has served as a "covered executive branch official" or "covered legislative branch official" withi acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served*

Name	Covered Official Position (if a
Charles Shipp	

Form LD-1 (Rev. 06/98)

Registrant Name Charles Shipp & Associates Client Name AT&T

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form

TEC BUD CPT

12. Specific lobbying issues (current and anticipated)

Spectrum Management
Wireless
Spaming

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities o a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobb

☐ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each e the criteria above, then proceed to line 14

Name	Address	Principal Place o (city and state o

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, financ activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interes of the lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section matching the criteria above, then registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution fo lobbying activit

Signature _____ Date 5/15/2

Printed Name and Title Charles Shipp, President

Form LD-1 (Rev. 06/98)