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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration _____

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Alvin B. Jackson, Jr., LLC

Address P.O. Box 551

City Kensington State MD Zip 20895

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

City Silver Spring State/Zip (or Country) MD/20910

5. Telephone number and contact name

(301) 608-3311 Contact Alvin Jackson E-mail (optional) ajackson(

6. General description of registrant's business or activities

government relations consulting

CLIENT

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

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

7. Client name Northrop Grumman Corporation

Address 1000 Wilson Blvd., Suite 2300

City Arlington State VA Zip 22209

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

City State/Zip (or Country)

9. General description of client's business or activities

Defense, Aerospace & Aviation issues lobbying

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 any per this section has served as a "covered executive branch official" or "covered legislative branch official" within two y 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 applicab
Alvin B. Jackson, Jr.	President

Registrant Name Alvin B. Jackson, Jr., LLC Client Name Northrop Grumman Corporation

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

AVI DEF

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

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

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

Name	Address	Principal Place of Busi (city and state or cou

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 13; **o**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 interest in th of the lobbying activity?

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

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

Signature Alvin B Jackson Jr Date 5/5/23

Printed Name and Title Alvin D. Jackson, Jr. President

Form LD-1 (Rev. 06/98)