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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 07/01/200
 2. House Identification Number 31381 Senate Identification Number 4301-

REGISTRANT

3. Registrant name Arnold & Porter LLP
 Address 555 Twelfth Street, NW
 City Washington State DC Zip 20004 US
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name
202-942-6029 Contact Mr. Matthew LaRocco E-mail Allison.Carroll@aporter.com
 6. General description of registrant's business or activities
Law firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name Oregon Department of Transportation
 Address 355 Capitol Street, N.E.
 City Salem State OR Zip 97301-3871 US
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____
 9. General description of client's business or activities
Oregon state transportation agency

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Matthew LaRocco	
Leslie Riegle	
Jim Turner	U.S. Representative

0000010883



Registrant Name Arnold & Porter LLP

Client Name Oregon Department of Transportation

LOBBYING ISSUES

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

BUD TRA ROD RRR _____

12. Specific lobbying issues (current and anticipated)

Transportation appropriations.

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

Yes ⇨ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes act 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 the outcome of lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

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

Signature 
Sonia P Fois

Digitally signed by Sonia P Fois
DN: CN = Sonia P Fois, C = US, O = DST ACES Business Representative, OU = ACES TrustID Business Certificate
Date: 2007.01.12 15:28:30 -0500

Senate Password

Date 1/12/2007

Printed Name and Title Sonia Fois - Partner

0000010334

