

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

Non-Profit For-Profit X

☒ ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

☐ AMENDMENT

Filing Fee Enclosed ☒ \$250.00
☐ \$50.00

1. (a) Registrant's Name Albers & Company (b) Daytime Phone Number 703-358-9100
(c) Permanent Address 1655 North Fort Myer Drive, Suite 700 Arlington, VA 22209
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address grohling@alberscom.com

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 Martin Guy Rohling (b) Name _____
Address Albers & Company, 1655 North Fort Myer Drive Address _____
(Street Address) (Street Address)
Suite 700, Arlington, VA 22209 _____
(City, State, Zip Code) (City, State, Zip Code)

☐ Daytime Phone Number 703-358-9100
☐ If more space is needed, check box and attach OCF Supplemental Sheet.

Daytime Phone Number _____

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 Lilly USA, LLC (b) Daytime Phone Number 202-434-1034
(c) Address 555 12th Street, NW - Suite 650 Washington, DC 20004
(Street Address) (City, State, Zip Code)
(d) Nature of Business Pharmaceuticals

4. Terms of Compensation: (a) \$25,000/year (b) 2013
(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.

Pharmaceutical issues and Medicaid.

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.

Martin G. Rohling

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. Martin Guy Rohling

Subscribed and sworn to before me on this 15th day of January, 2013

Alfred Brown

Notary Public

My Commission Expires: My Comm. Exps. 12/31, 2013