GOVERNMENT OF THE DISTRICT OF COLUMBIA BOARD OF EHTICS AND GOVERNMENT ACCOUNTABILITY

Year 2013

WASHINGTON, D.C. 20001

Filing Fee Enclosed

☐ Profit / \$250.00

☑ ORIGINAL

LOBBYIST REGISTRATION FORM (See reverse side for Instructions)

☑ Non-Profit / \$50.00

	AME	ENDMENT	
1.	(a)	Registrant's Name Association of American Medical College	ges (b) Daytime Phone Number (202) 828-0404
	(c)	Permanent Address 2540 N Street, N.W.	Washington, DC 20037
		(Street Address)	(City, State, Zip Code)
	(d)	Temporary Address (while lobbying) N/A	
		(Street Address)	(City, State, Zip Code)
	(e)	E-Mail Address <u>bjarvis@aamc.org</u>	
2.		obyist(s) Working for Registrant: List the full name of each in-house r behalf. If you do not employ an in-house person or retain an indi	e person employed and each individual retained by you to lobby or vidual to lobby, state non-applicable.
	(a)	NameRichard Newman, Arent Fox LLP	(b) Name Eve Corbin, Arent Fox LLP
		Address 1717 K Street, NW	Address 1717 K Street, NW
		(Street Address)	(Street Address)
		Washington, DC 20036-5342	Washington, DC 20036-5342
		(City, State, Zip Code)	(City, State, Zip Code)
		Daytime Phone Number (202) 857-6170	Daytime Phone Number (202) 828-3432
		☐ If more space is needed, check box and attach OCF Supplemental Sheet.	
3.	Person Compensating Registrant: List the full name of each client with whom you have a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.		
	(a)	Name N/A	(b) Daytime Phone Number N/A
	(c)	Address N/A (Street Address)	(City, State, Zip Code)
	(4)	Nature of Business N/A	(City, State, Zip Code)
	(d)	Nature of Business N/A	
4.	Ter	ms of Compensation: a) N/A (Salary)	(b) N.A (Duration of Employment)
	If mo	ore space is needed, check box and attach OCF Supplemental Sheet	
5.		ntify each matter by subject and formal designation on which the lo	obbyist/registrant expects to lobby. Attach a Supplemental Sheet if
Co	nduit	t revenue bonds	
	, to t	ndersigned, declare under oath and on penalty of perjury that the best of my knowledge, true, correct, and complete. A M (by: Berull /	the statements contained in this Lobbyist Registration Form
		ure of Registrant (or, if not an individual, an authorized obbyist retained by contract to provide lobbying services	0
Su	bscri	bed and sworn to before me on this 18th day of	January, 2013.
			Notary Public
M	y Cor	mmission Expires: ALYDIA D. GOLSON NOTARY PUBLIC DISTRICT OF COLUMBIA	Level Son To State

My Commission Expires April 30, 2016

PS NUC ET.

Rev. 12/2012

BEGA Form