

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

Year 2013

☒ Original

☐ Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions)

ID# LOB000112445

Type of Report: ☒ January 10th If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. ☒ Yes ☐ No

☐ July _____

1. (a) Registrant's Name American Management Corporation (b) _____ Daytime Phone Number 202-280-6364

(c) Permanent Address 1455 Pennsylvania Avenue NW, Suite 400, Washington DC 20004
(Street Address) (City, State, Zip Code)

(d) _____ Temporary Address _____ (while lobbying)
n/a (Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name <u>Brett O. Greene</u>	(b) Name _____
Address <u>1455 Pennsylvania Ave, NW, Suite 400</u> (Street Address)	Address _____ (Street Address)
<u>Washington, DC 20004</u> (City, State, Zip Code)	_____ (City, State, Zip Code)
Daytime Phone Number <u>202-280-6364</u>	Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name Carefirst BlueCross BlueShield (b) Daytime Phone Number 202-680-7444

(c) Address 840 First Street NE, Washington DC 20005
(Street Address) (City, State, Zip Code)

(d) Nature of Business Government Affairs Consulting - Insurance Affairs

4. Terms of Compensation: (a) Monthly Retainer (b) Indefinite
Salary Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Insurance Affairs

* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.
13 JAN 10

Rev. 12/2012

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name	<u>Jackson, Janene</u>	Date	<u>08/13/12</u>
Name	<u>Jackson, Janene</u>	Date	<u>11/28/12</u>
Name	<u></u>	Date	<u></u>
Name	<u></u>	Date	<u></u>
Name	<u></u>	Date	<u></u>
Name	<u></u>	Date	<u></u>

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 12,000.00
(Schedule A)
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$
(Schedule A-1)
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$
(Schedule A-2)
10. Total receipts (Add Lines 7, 8, and 9) \$ 12,000.00
11. Total of expenditures made for purposes of lobbying during the reporting period: \$
(Schedule B)
12. Total of other expenditures related to lobbying activities: \$
(Schedule B-1)
13. Total expenditures (Add Lines 11 and 12) \$

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2013

Type of Report: ☒ January 10th ☐ July

Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: American Management Corporation

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION) Carefirst BlueCross BlueShield 840 First Street NE, Washington DC 20005 202-680-7444					12,000.00	24,000.00
FEES/RETAINER	COMPENSATION					
\$ 12,000.00	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 12,000.00	\$ 24,000.00

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
 (SEE NEXT PAGE FOR INSTRUCTIONS)

YEAR: N/A

Period Covering: _____ through _____

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT							
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)						\$	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE NEXT PAGE FOR INSTRUCTIONS)

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
(SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST
 YEAR: N/A

Type of Report: ☒ January _____ ☐ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST
 NAME: _____

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
 (SEE REVERSE SIDE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY**
LOBBYIST ACTIVITY REPORT
SCHEDULE C YEAR 2013
(See next page for Instructions)

Type of Report: ☒ January 10th ☐ July _____

Covering Period 7/1/12 through 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: American Management Corporation

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	None	

I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

Bret O. Greer BRET O. GREER

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.

Subscribed and sworn to before me on this 9th day of January, 2013

My commission Expires: 9-14-2016

Jennifer L. Medlock
Notary Public

