

2013

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

Year ~~2012~~

- Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# _____

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

July _____ INSURANCE

1. (a) Registrant's Name AMERICAN INSURANCE ASSOCIATION (b) Daytime Phone Number 202-828-7100
(c) Permanent Address 2101 L ST. NW # 400 WASHINGTON, DC 20037
(d) SANS AS ASSN Temporary Address (while lobbying) (Street Address) (City, State, Zip Code)

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

(a) Name ERIC M. GOLDBERG (b) Name _____
Address 2101 L ST. NW # 400 Address _____
WASHINGTON, DC 20037 (City, State, Zip Code) (City, State, Zip Code)
Daytime Phone Number 202-828-7772 Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name AMERICAN INSURANCE ASSOCIATION (b) Daytime Phone Number 202-828-7100

(c) Address 2101 L ST NW # 400 WASHINGTON, DC 20037
(Street Address) (City, State, Zip Code)

(d) Nature of Business PROPERTY + CASUALTY INSURANCE TRADE ASSOCIATION
\$3,000 (a) Salary (b) FULL TIME 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.

ALL MATTERS INVOLVING PROPERTY + CASUALTY INSURANCE

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

rec'd by: S. Peterson
(BEGA) 11/8/13

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 WILLIAM WHITE, COMMISSIONER, DISB Date NOV. 30, 2012
Name _____ Date _____
Name _____ Date _____
Name _____ Date _____
Name _____ Date _____
Name _____ Date _____

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 3,000 -
(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) \$ 3,000
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) \$ Ø

BOARD OF ETHICS 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 _____ July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: ERIC M GOUDIERG

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)						
<u>AMERICAN INSURANCE ASSOCIATION</u> <u>2101 L ST. NW # 400</u> <u>WASHINGTON, DC 20037</u> <u>202-828-7100</u>						
FEES/RETAINER	COMPENSATION					
\$	\$ <u>3,000-</u>				\$	\$
TOTAL THIS PERIOD					<u>3,000-</u>	<u>3,000-</u>
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL THIS PERIOD						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL THIS PERIOD						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL THIS PERIOD						
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ <u>3,000</u>	\$ <u>3,000</u>

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

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
 LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:**

YEAR: 2013

Type of Report: January _____ July _____
 Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S
 NAME: ERIC M GOUBERN

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
<u>AMERICAN INSURANCE ASSOCIATION</u> <u>2101 L ST. NW #400 WASHINGTON, DC 20037</u>							
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)

REV. 12/2012

BEGA Form

INSTRUCTIONS FOR SCHEDULE A-1

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.

SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2013

Type of Report: January _____ July _____

Period Covering: 7/1/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST NAME: ERIC M GOLDBERG

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY.					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
<u>AMERICAN INSURANCE ASSOCIATION</u>						
<u>2101 L ST. NW # 400</u>						
<u>WASHINGTON, DC 20037 202-828-7100</u>						
LOAN					\$ 0	\$ 0
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN					\$	\$
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN					\$	\$
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN					\$	\$
\$	\$	\$	\$	\$		
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)						
LOAN					\$ 0	\$ 0
\$	\$	\$	\$	\$		

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

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.
2. Provide the name of the lobbyist or in-house employee lobbyist, person/organization to provide lobbying services.
3. Provide information relative to any loans received by the lobbyist, in-house employee lobbyist, person/organization to any official and/or employee of the District of Columbia related to any lobbying activities.
 - (A) Include all loans received for the period.
 - (B) The cumulative to-date column must only include the aggregate total value of all loans received for the two reporting periods within a calendar year. (January and July).
4. The registrant must maintain detailed records of all receipts and expenditures by each employee, agent or sub-agent.
5. If additional space is needed, use a supplemental sheet and include with Schedule A-2.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST
 YEAR: 2013

Type of Report: January _____ July _____

Period Covering: 7/1/2012 through 12/31/2012

COMPENSATING REGISTRANT'S NAME: ERIC M GOLDBERG

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT OF COLUMBIA.

DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
7/1/12 12/31/12	ERIC M GOLDBERG 2101 L ST. NW # 400 WASHINGTON, DC 20037	LOBBYING ON MATTERS INVOLVING PROPOSED CASUALTY INSURANCE	\$ 3,000	\$ 3,000
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$ 3,000	\$ 3,000

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

REV. 12/2012

BEGA Form

INSTRUCTIONS FOR SCHEDULE B

The term "EXPENDITURE" includes any payments made relative to lobbying activities.

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.
2. You must itemize all expenses arranged, incurred, and paid by you during the period.

3. Purpose of Compensation describes the reason for the compensation (e.g., proposed legislation, pending decision, etc.).
4. Total expenditures for the reporting period must be shown if relative to lobbying activities by a Lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.
5. The *cumulative to-date column* must include the aggregate total of all expenditures that were paid by the Compensating Registrant for lobbying activities to a lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.
6. If additional space is needed, use a supplemental sheet and include with Schedule B.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE B-1 -- OTHER EXPENDITURES

YEAR: 2013

Type of Report: January _____ July _____

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY
LOBBYIST ACTIVITY REPORT
SCHEDULE C**

YEAR 2013

(See next page for Instructions)

Type of Report January _____ July _____

Covering Period 7/1/12 through 12/31/2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: ERIC M GARDNER

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
N/A	N/A	N/A

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.

[Signature]

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 4th day of January, 2013

My commission Expires: March 14, 2016

Christine M. Tampio
Notary Public

