

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

Year 2013

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM
(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name MAX BROWN (b) Daytime Phone Number _____
(c) Permanent Address 475 H ST NW, WASH DC 20001
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) 718 7th St NW Suite 300, WDC 20001
(Street Address) (City, State, Zip Code)
(e) E-Mail Address MAX@group360.net

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 N/A (b) Name _____
Address N/A Address _____
(Street Address) (Street Address)
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number N/A Daytime Phone Number _____
 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 an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

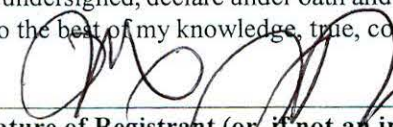
(a) Name PCG (b) Daytime Phone Number 800210 6113
(c) Address 148 STATE STREET, BOSTON MA 02109
(Street Address) (City, State, Zip Code)
(d) Nature of Business Medicaid + Health care consulting

4. Terms of Compensation: (a) MONTHLY (b) Ongoing
(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.

Medicaid + Health care issues

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.



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 11 day of January, 2013.



Notary Public

My Commission Expires LINDA BROOKS
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires July 31, 2016

