

**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# LOB000121920

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 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)

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

(a) Name Martin Guy Rohling (b) Name _____

Address Albers & Company, 1655 North Fort Address _____
(Street Address) (Street Address)

Myer Drive, #700, Arlington, VA 22209 _____
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 703-358-9100 Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name Kool Smiles (b) Daytime Phone Number 770-916-5021

(c) Address 1090 Northchase Parkway SE, Suite 150 Marietta, GA 30067
(Street Address) (City, State, Zip Code)

(d) Nature of Business General Dentistry for Children and Parents

4. Terms of Compensation: (a) \$2,000/month (b) 2012
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.

Dentistry and Medicaid

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

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 Councilmember Kenyan McDuffie _____ Date 7/5/2012 _____

Name Jon Mandel, Office of Councilmember Kenyan McDuffie _____ Date 7/11/2012 _____

Name Jon Mandel and Tim Clark, Office of Councilmember Kenyan McDuffie _____ Date 7/18/2012 _____

Name Jannette Mobley and Tim Clark, Office of Councilmember Kenyan McDuffie _____ Date 7/19/2012 _____

Name Tim Clark, Office of Councilmember Kenyan McDuffie _____ Date 9/4/2012 _____

Name Tim Clark and Jon Mandel, Office of Councilmember Kenyan McDuffie _____ Date 9/14/2012 _____
 (See attached Supplemental sheet)

- 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: \$ 166.75
 (Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 0.00
 (Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ 12,166.75
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 0.00
 (Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ 0.00
 (Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 0.00

Supplemental Form

Registrant's Name: Albers & Company (representing Kool Smiles)

Question # 6 Continued:

Tim Clark, Office of Councilmember Kenyan McDuffie	Date: 9/18/2012
Tim Clark, Office of Councilmember Kenyan McDuffie	Date: 9/19/2012
Lisa Truitt, Department of Health Care Finance	Date: 9/25/2012
Councilmember Kenyan McDuffie	Date: 11/2/2012
Tim Clark and Jon Mandel, Office of Councilmember Kenyan McDuffie	Date: 11/9/2012

Signature: Martin G. Rohling

Date: 1/10/13

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: 2012

Type of Report: January 10th July _____

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

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Albers & Company

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)						
Kool Smiles 1090 Northchase Parkway SE, Suite 150 Marietta, GA 30067						
FEES/RETAINER	COMPENSATION					
\$ 12,000.00	\$				\$ 12,000.00	\$ 24,000.00
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)

**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: 2012

Type of Report: January 10th July

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

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Albers & Company

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT						TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
Kool Smiles 1090 Northchase Parkway SE, Suite 150 Marietta, GA 30067							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$ 0.00	\$ 0.00	\$ 0.00	\$ 166.75	\$ 0.00	\$ 0.00	\$166.75	\$ 493.96
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						\$166.75	\$493.96
(CARRY TOTAL FORWARD TO LINE 8)							

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 1 OF 1
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST
YEAR: 2012

Type of Report: January 10th July

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

LOBBYIST/EMPLOYEE LOBBYIST
 NAME: Albers & Company

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY.					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL						
LOAN						
\$	\$	\$	\$		\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$ 0.00	\$ 0.00

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

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE B-1 -- OTHER EXPENDITURES
YEAR: 2012

Type of Report: January 10th July

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

COMPENSATING REGISTRANT'S NAME: Albers & Company

OTHER 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.				
DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL
PAYMENT				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$0.00
TOTAL OTHER EXPENDITURES PAID FOR LOBBYING				
(CARRY TOTAL FORWARD TO LINE 12)				

- IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B
- IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY
LOBBYIST ACTIVITY REPORT
SCHEDULE C** YEAR 2012
(See next page for Instructions)

Type of Report: January 10th July _____

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

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Albers & Company

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

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.

Martin G. Rohling
Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign). Martin Guy Rohling

*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 10th day of January, 2013

My commission Expires: My Comm. Expires 12/31, 2013

Alfred Brown
Notary Public

