

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

Year 2013

LOBBYIST ACTIVITY REPORT *

(See next page for Instructions)

ID# _____

ORIGINAL

AMENDMENT

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

1. (a) Registrant's Name Arent Fox LLP (b) Daytime Phone Number (202) 857-6000

(c) Permanent Address 1717 K Street, NW Washington, DC 20036-5342
(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 Richard A. Newman, Esq. (b) Name Eve Corbin Esq.

Address 1717 K Street, NW

Address 1717 K Street, NW

Washington, DC 20036-5342
(City, State, Zip Code)

Washington, DC 20036-5342
(City, State, Zip Code)

Daytime Phone Number: (202) 857-6170

Daytime Phone Number (202) 828-3432

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 Association of American Medical Colleges (b) Daytime Phone Number (202) 828-0404

(c) Address 2540 N. Street, N.W. Washington, DC 20037
(Street Address) (City, State, Zip Code)

(d) Nature of Business Nonprofit organization

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

Conduit revenue bonds

* 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	<u>C. Jefferson (Program Assistant)</u>	Date	<u>February 5 and 8, 2013</u>
Name	<u>W. Liggins (Director, Revenue Bond Program)</u>	Date	<u>February 8 and 12, 2013</u>
Name	<u>G. Johnson (Project Manager)</u>	Date	<u>February 8, 2013</u>
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reported period: (Schedule A)	<u>\$1,363.50</u>
8. Total of other compensation/receipts for lobbying services and compensation paid to others: (Schedule A-1)	<u>\$ _____</u>
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: (Schedule A-2)	<u>\$ _____</u>
10. Total receipts (Add Lines 7, 8 and 9)	<u>\$1,363.50</u>
11. Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B)	<u>\$ _____</u>
12. Total of other expenditures related to lobbying activities: (Schedule B-1)	<u>\$ _____</u>
13. Total expenditures (Add Lines 11 and 12)	<u>\$ _____</u>

**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: January 1, 2013 through February 22, 2013

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: ARENT FOX LLP

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
Association of American Medical Colleges 2540 N Street, N.W. Washington, DC 20037						
FEES/RETAINER	COMPENSATION					
\$1,363.50	\$		\$	\$	\$1,363.50	\$1,363.50
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION					
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION					
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION					
\$	\$	\$	\$	\$	\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$1,363.50	\$1,363.50

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: January 1, 2013 through February 22, 2013

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: ARENT FOX LLP

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

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LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT **PAGE 1 OF 1**
SCHEDULE A-2 – LOANS RECEIVED BY THE LOBBYIST: **YEAR: 2013**

Type of report: Type of report: January July

Period Covering: January 1, 2013 through February 22, 2013

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: ARENT FOX LLP

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY					TOTAL LOANS THIS PERIOD	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								
LOAN								
\$	\$	\$	\$	\$	\$	\$		
TOTAL LOANS RECEIVED FOR THIE PERIOD (CARRY TOTAL FORWARD TO LINE 9)							\$	\$

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

