

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

Year 2013

WASHINGTON, D.C. 20001

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 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)
(e) E-Mail Address grohling@alberscom.com

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 Martin Guy Rohling (b) Name _____
Address Albers & Company, 1655 North Fort Myer Drive Address _____
(Street Address) (Street Address)
Suite 700, Arlington, VA 22209 _____
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 703-358-9100 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 Kool Smiles (b) Daytime Phone Number 770-916-5021
(c) Address 1090 Northchase Parkway SE, Suite 150 Marietta, GA 33067
(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) 2013
(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.

Issues dealing with dentistry and Medicaid.

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.

Martin G. Rohling

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. Martin Guy Rohling

Subscribed and sworn to before me on this 15th day of January, 2013.

Alfred Brown
Notary Public

My Commission Expires My Comm. Exps. 12/31, 2013

'13 JAN 15