

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
441 4<sup>th</sup> Street, N.W., Suite 830S  
Washington, D.C. 20001

LOBBYIST REGISTRATION FORM

For-Profit Filing Fee Enclosed \$250.00  
\* Non-Profit Filing Fee Enclosed \$50.00

Year 2013

Original

Amendment

A person and/or entity shall register ("Registrant") with the Director of Government Ethics by filing a Lobbyist Registration Form and paying the required registration fee if the person:

- (a) receives compensation in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying;
- (b) receives compensation from more than one source in an aggregate amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying; or
- (c) expends funds in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying.<sup>1</sup>

"Registrant," as referenced above, includes ANY and ALL of the following:

- (a) an individual ("Lobbyist")
- (b) an entity ("Lobbying Entity") (i.e. a partnership, committee, corporation, labor organization, and/or any other organization) that employs lobbyists and/or provides lobbying services to clients, and/or
- (c) individuals and/or entities ("Clients") that retain Lobbyists and/or Lobbying Entities to perform lobbying services.

Each Registrant shall file a registration form with the Director of Government Ethics, signed under oath, on or before January 15<sup>th</sup> of each year, or no later than 15 days after becoming a Lobbyist (and on or before January 15<sup>th</sup> of each year thereafter). If the Registrant is not an individual, an authorized officer or agent of the Registrant (i.e. Lobbying Entity and/or Client) shall sign the form. A Registrant shall file a separate registration form for each person from whom the Registrant receives compensation for lobbying activities.<sup>2</sup>

1. (a) Name of Registrant DC Dental Society

(b) Daytime Telephone Number 202-547-7613 Cellular Telephone Number \_\_\_\_\_

(c) Email Address info@dcdental.org

(d) Permanent Address 502 C Street, NE, Washington, DC 20002  
(Street Address) (City, State, Zip Code)

<sup>1</sup> D.C. Official Code § 1-1162.27(a).

<sup>2</sup> D.C. Official Code § 1-1162.29(a).

(e) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

(f) Registrant is: \_\_\_ Lobbyist \_\_\_ Lobbying Entity \_\_\_ Client

**2. Lobbyist(s) working for the Lobbying Entity: Attach a Supplemental Sheet if additional space is needed.<sup>3</sup>**

(1)(a) Name Mr. Todd Philbrick

(b) Daytime Telephone Number: 202-547-7613 Cellular Telephone Number \_\_\_\_\_

(c) Address 502 C Street, NE, Washington, DC 20002  
(Street Address) (City, State, Zip Code)

(2)(a) Name \_\_\_\_\_

(b) Daytime Telephone Number: \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

(3)(a) Name \_\_\_\_\_

(b) Daytime Telephone Number: \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

**3. Clients of Registrant (when Registrant is a Lobbyist and/or Lobbying Entity)**

Note: Registrants must file a separate Lobbyist Registration Form for each person from whom he or she receives compensation (i.e. client).<sup>4</sup>

(a) Name Mr. Brett Greene American Management Corporation

(b) Daytime Phone Number 202-280-6364 Cellular Telephone Number \_\_\_\_\_

(c) Address 1455 Pennsylvania Avenue, NW #460 Washington DC 20004  
(Street Address) (City, State, Zip Code)

(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) Flat Fee (b) Month to Month  
(i.e., Hourly, Annual fee) Duration of Engagement

<sup>3</sup> D.C. Official Code § 1-1162.30(6).

<sup>4</sup> D.C. Official Code § 1-1162.29(a).

5. Identify matter(s) by subject and formal designation on which the Lobbyist and/or Lobbying Entity expects to lobby on behalf of the client identified in (3) above. Attach a Supplemental Sheet if additional space is needed. Dentistry + ORAL HEALTH

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I, the undersigned, certify and declare under oath that all of my statements on this form is to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001).

Todd Philbrick, Executive  
Name and Title (Printed) Director

  
Signature of Registrant<sup>3</sup>

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<sup>3</sup> If not an individual, an authorized officer or agent of the Registrant must sign.