

**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# LOB000122450

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 IMS Health Incorporated (b) Daytime Phone Number 847-444-2499

(c) Address 9 Parkway North, Suite 350 Deerfield, IL 60015
(Street Address) (City, State, Zip Code)

(d) Nature of Business Pharmaceutical Data Services

4. Terms of Compensation: (a) _____ (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.

Issues related to pharmaceuticals and data services.

* 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>None</u>	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____
Name	_____	Date	_____

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$	<u>0.00</u>
(Schedule A)	
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$	<u>0.00</u>
(Schedule A-1)	
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$	<u>0.00</u>
(Schedule A-2)	
10. Total receipts (Add Lines 7, 8, and 9)	\$ <u>0.00</u>
11. Total of expenditures made for purposes of lobbying during the reporting period:	\$ <u>0.00</u>
(Schedule B)	
12. Total of other expenditures related to lobbying activities:	\$ <u>0.00</u>
(Schedule B-1)	
13. Total expenditures (Add Lines 11 and 12)	\$ <u>0.00</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: 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) IMS Health Incorporated 9 Parkway North, Suite 350 Deerfield, IL 60015						
FEES/RETAINER	COMPENSATION					
\$ 0.00	\$0.00				\$ 0.00	\$8,000.00
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 0.00	\$ 8,000.00

☐ 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

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
IMS Health Incorporated 9 Parkway North, Suite 350 Deerfield, IL 60015							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 104.82
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 (CARRY TOTAL FORWARD TO LINE 8)						\$ 0.00	\$ 104.82



IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
(SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BEGA Form

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.

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$ 0.00	\$ 0.00
					\$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
COMPENSATING REGISTRANT'S ACTIVITY REPORT **PAGE 1 OF 1**
SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST
YEAR: 2012

Type of Report: ☒ **January** 10th ☐ **July** _____

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

COMPENSATING REGISTRANT'S NAME: Albers & Company

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES				
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 OF COLUMBIA.				
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$ 0.00	\$ 0.00

☐ **IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET**
 (SEE NEXT PAGE 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-1
- ☒ 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. Exps 12/31/2013

Alfred Brund
Notary Public