

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

Year 2013

☒ Original

☐ Amendment

**LOBBYIST ACTIVITY REPORT \***

(See next page for instructions)

ID# LOB000122503

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 American Management Corporation (b) Daytime Phone Number 202-280-6364

(c) Permanent Address 1455 Pennsylvania Avenue NW, Suite 400, Washington DC 20004  
(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 Brett O. Greene (b) Name \_\_\_\_\_  
Address 1455 Pennsylvania Ave, NW, Suite 400 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington, DC 20004 (City, State, Zip Code) (City, State, Zip Code)  
Daytime Phone Number 202-280-6364 Daytime Phone Number \_\_\_\_\_

3. Person Compensating Registrant

(a) Name American Beverage Association (b) Daytime Phone Number 202-463-6732

(c) Address 1101 16th Street NW, 7th Floor, Washington DC 20036  
(Street Address) (City, State, Zip Code)

(d) Nature of Business Government Affairs Consulting - Association Affairs

4. Terms of Compensation: (a) Retainer (b) Open  
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 the non-alcoholic beverage industry.

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

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Rev. 12/2012

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 Wells, Tommy Date 10/24/12

Name Newman, Drew Date 10/24/12

Name **Murphy, Chris** Date **11/2/12**

Name McDuffie, Kenyan Date 11/19/12

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 24,000.00  
(Schedule A)

8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ \_\_\_\_\_  
(Schedule A-1)

9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 31,000.00  
(Schedule A-2)

10. Total receipts (Add Lines 7, 8, and 9) \$24,000.00

11. Total of expenditures made for purposes of lobbying during the reporting period: \$ \_\_\_\_\_  
(Schedule B)

12. Total of other expenditures related to lobbying activities: \$ \_\_\_\_\_  
(Schedule B-1)

13. Total expenditures (Add Lines 11 and 12) \$

**BOARD OF ELECTIONS 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 10th ☐ July

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

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: American Management Corporation

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION) American Beverage Association 1101 16th Street NW, 7th Floor, Washington DC 20036 202-463-6732					24,000.00	48,000.00
FEES/RETAINER	COMPENSATION					
\$ 24,000.00	\$				\$	\$
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING</b> (CARRY TOTAL FORWARD TO LINE 7)					\$ 24,000.00	\$ 48,000.00

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



**YEAR:** N/A

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT							
<b>EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER</b>						<b>TOTAL THIS PERIOD</b>	<b>CUMULATIVE TOTAL</b>
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER</b>						<b>TOTAL THIS PERIOD</b>	<b>CUMULATIVE TOTAL</b>
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER</b>						<b>TOTAL THIS PERIOD</b>	<b>CUMULATIVE TOTAL</b>
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER</b>						<b>TOTAL THIS PERIOD</b>	<b>CUMULATIVE TOTAL</b>
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER</b>						<b>TOTAL THIS PERIOD</b>	<b>CUMULATIVE TOTAL</b>
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)</b>						\$	\$

☐ 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 \_\_\_ OF \_\_\_**  
**SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST**  
**YEAR: N/A**

Type of Report: ☐ January \_\_\_\_\_ ☐ July \_\_\_\_\_

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST  
NAME: \_\_\_\_\_

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	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
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)					\$	\$

☐ 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 \_\_\_ OF \_\_\_**  
**SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST**  
**YEAR: N/A**

Type of Report: ☒ January \_\_\_\_\_ ☐ July \_\_\_\_\_

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

COMPENSATING REGISTRANT'S NAME: \_\_\_\_\_

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
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)</b>			\$	\$

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



**YEAR:** N/A

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

COMPENSATING REGISTRANT'S NAME: \_\_\_\_\_

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

**TOTAL OTHER EXPENDITURES PAID FOR LOBBYING  
(CARRY TOTAL FORWARD TO LINE 12)**

- BEGA Form

**BOARD OF ETHICS AND  
GOVERNMENT  
ACCOUNTABILITY  
LOBBYIST ACTIVITY REPORT  
SCHEDULE C** YEAR 2013  
(See next page for Instructions)

Type of Report ☒ January 10th ☐ July \_\_\_\_\_

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

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: American Management Corporation

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	None	

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.

Brew O. Greene

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.

Subscribed and sworn to before me on this 9th day of January, 2013

My commission Expires: 9-14-2016

Jennifer L. Medlock  
Notary Public

