

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

Year 2013

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 Bruce C. Bereano (b) Daytime Phone Number 410-267-0410  
(c) Permanent Address 191 Duke of Gloucester Street, Annapolis, Maryland 21401  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address lobbyannapolis@verizon.net

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 \_\_\_\_\_ (b) Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
(Street Address) (Street Address)  
\_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number \_\_\_\_\_ 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 MedStar Health (b) Daytime Phone Number \_\_\_\_\_  
(c) Address 5565 Sterrett Place, Suite 500, Columbia, Maryland 21044  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) 2,500.00 per month (b) 1/1/2013 - 12/31/2013  
(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.

Any and all matters concerning administrative, regulatory or legislative action at the executive or legislative branch regarding hospitals in the District of Columbia.

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.

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 3rd day of January, 2013  
Lauren E. Cardin  
Notary Public

My Commission Expires: 12/22/2013