

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 Carmen Group Incorporated (b) Daytime Phone Number 202-785-0500  
(c) Permanent Address 1899 Pennsylvania Ave., NW, 4th Floor Washington DC 20006  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address millerm@carmengroup.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 John Ladd (b) Name David Carmen  
Address same as above Address same as above  
(Street Address) (Street Address)  
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 202-785-0500 Daytime Phone Number 202-785-0500  
 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 Providence Hospital (b) Daytime Phone Number 202-955-3990  
(c) Address 1150 Varnum Street, NE Washington DC 20017  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business Hospital

4. Terms of Compensation: (a) \$25,000 per month (b) until terminated  
(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.

Federal and DC Medicaid/Medicare funding and related issues

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 10<sup>th</sup> day of January, 2013.

My Commission Expires  
May 31, 2014

Notary Public

My Commission Expires: \_\_\_\_\_

