

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20009

Year 2013

Filing Fee Enclosed  
 Profit / \$250.00  
 Non-Profit / \$50.00

ORIGINAL

LOBBYIST REGISTRATION FORM  
(See reverse side for Instructions)

AMENDMENT

1. (a) Registrant's Name Delta Dental of California (b) Daytime Phone Number 415-972-8418

(c) Permanent Address 100 First St., San Francisco, CA 94015  
(Street Address) (City, State, Zip Code)

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

(e) E-Mail Address jalbum@delta.org

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 Kevin Wrege c/o Pulse Issues & Advocacy

Address 4410 Massachusetts Ave., NW #150 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington, DC 20016 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 202-625-1787 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 a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name N/A (b) Daytime Phone Number \_\_\_\_\_

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

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

4. Terms of Compensation: (a) \$4,500/mo. retainer (b) 1/1/11-ongoing  
(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 an OCF Supplemental Sheet if additional space is needed.  
See attached.

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.

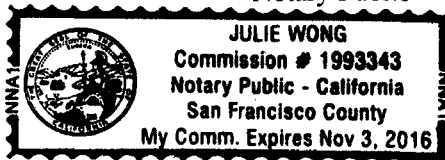
State of California, County of San Francisco

Subscribed and sworn to before me on this 2nd day of January, 2013.

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public

My Commission Expires: November 3, 2016



Delta Dental/Pulse Issues & Advocacy 2013 BEGA Lobbyist Registration Form  
Supplemental Sheet

Question 5 Response: Dental and health-care-related legislation and regulation related to the implementation of federal health care reform and the development of the District health benefit exchanges, including – but not limited to – legislation effecting the manner and delivery of dental benefits, as well as the potential for adding, expanding or changing District-funded dental benefit programs.