

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 American Cancer Society Cancer Action Network (b) Daytime Phone Number 301.758.1255  
(c) Permanent Address 555 11th Street, NW, suite 300 Washington DC 20004  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address bonita.pennino@cancer.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 Bonita M Pennino (b) Name \_\_\_\_\_  
Address 801 Roeder Rd, Suite 800 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Silver Spring, MD 20910 (City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 301.758.1255 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 \_\_\_\_\_ (b) Daytime Phone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business not-for profit dedicated to reducing cancer incidents and deaths

4. Terms of Compensation: (a) salaried employee (b) \_\_\_\_\_  
(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.

cancer prevention, cancer screening, cancer treatment, tobacco regulation, tobacco tax, tobacco use reduction, health care access, obesity prevention, Medicaid expansion

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.

Eileen J. McGrath

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 7<sup>th</sup> day of January, 2013

Kevin J. Cetroni  
Notary Public

My Commission Expires: 8/31/2014

