

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

Year 2012

☒ Original
☐ Amendment

LOBBYIST ACTIVITY REPORT *

(See reverse side for instructions) ID# _____

Type of Report: ☒ January 2013 If you are filing a January Report please indicate, if you
intend to lobby in the upcoming calendar year. ☒ Yes ☐ No

☐ July _____

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)

2. Lobbyist (s) Working for Registrant: Attach an OCF Supplemental Sheet if additional space is needed.

(a) Name _____	(b) Name _____
Address _____	Address _____
(Street Address)	(Street Address)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
Daytime Phone Number _____	Daytime Phone Number _____

3. Person Compensating Registrant

(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 per month (b) 1/1/2012 - 12/31/2012
Salary Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach an OCF Supplemental Sheet if additional space is needed.

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

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

rec'd by: S. Peterson (BEGA)
1/2/13

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 an OCF Supplemental Sheet if additional space is needed.

Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____
Name _____	Date _____

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$	<u>15,000.00</u>
(Schedule A)	
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$	<u>651.21</u>
(Schedule A-1)	
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$	<u>0.00</u>
(Schedule A-2)	
10. Total receipts (Add Lines 7, 8, and 9)	<u>\$ 15651.21</u>
11. Total of expenditures made for purposes of lobbying during the reporting period:	<u>\$ 0.00</u>
(Schedule B)	
12. Total of other expenditures related to lobbying activities:	<u>\$ 0.00</u>
(Schedule B-1)	
13. Total expenditures (Add Lines 11 and 12)	<u>\$ 0.00</u>

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2012

Type of Report: ☒ January 2013 ☐ July _____

Period Covering: January 1, 2012 through December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Bruce C. Bereano

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
MedStar Health 5565 Sterrett Place, Suite 500 Columbia, Maryland 21044						
FEES/RETAINER	COMPENSATION					
\$ 15,000.00	\$				\$ 15,000.00	\$ 30,000.00
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION	EXPENSES				
\$	\$				\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION					
\$	\$				\$	\$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 15,000.00	\$ 30,000.00

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

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT **PAGE 1 OF 1**
SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2012

Type of Report: ☒ **January** 2013

☐ **July** _____

Period Covering: January 1, 2012

through December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Bruce C. Bereano

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT								
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							TOTAL THIS PERIOD	CUMULATIVE TOTAL
MedStar Health 5565 Sterrett Place, Suite 500 Columbia, MD 21044								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 651.21	\$ 1,129.30	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
CUMULATIVE							TOTAL THIS PERIOD	TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING							\$ 651.21	\$ 1,129.30
(CARRY TOTAL FORWARD TO LINE 8)								

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
 (SEE REVERSE SIDE FOR INSTRUCTIONS)

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST
YEAR: 2012

Type of Report: ☒ **January** 2013 ☐ **July** _____

Period Covering: January 1, 2012 through December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST

NAME: Bruce C. Bereano

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .

None

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL										
					\$	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LOAN</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>							LOAN					\$	\$	\$	\$	
LOAN																
\$	\$	\$	\$													
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL										
					\$	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LOAN</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>							LOAN					\$	\$	\$	\$	
LOAN																
\$	\$	\$	\$													
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL										
					\$	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LOAN</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>							LOAN					\$	\$	\$	\$	
LOAN																
\$	\$	\$	\$													
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL										
					\$	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LOAN</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>							LOAN					\$	\$	\$	\$	
LOAN																
\$	\$	\$	\$													
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL										
					\$	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LOAN</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>							LOAN					\$	\$	\$	\$	
LOAN																
\$	\$	\$	\$													

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

OFFICE OF CAMPAIGN FINANCE
COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST
YEAR: 2012

Type of Report: ☒ January 2013 ☐ July _____

Period Covering: January 1, 2012 through December 31, 2012

COMPENSATING REGISTRANT'S NAME: MedStar Health

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
	Bruce C. Bereano, 191 Duke of Gloucester St., Annapolis, MD 21401	Lobbying/Government Relations Compensation	15,651.21 \$	31,129.30 \$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$15,651.21	\$ 31,129.30

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

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT **PAGE** 1 **OF** 1
SCHEDULE B-1 -- OTHER EXPENDITURES
YEAR: 2012

Type of Report: ☒ January 2013 ☐ July _____

Period Covering: January 1, 2012 through December 31, 2012

COMPENSATING REGISTRANT'S NAME: MedStar Health

OTHER 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.				
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)				0.00

- ☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B-1
- ☐ IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

OFFICE OF CAMPAIGN FINANCE
LOBBYIST ACTIVITY REPORT
SCHEDULE C

YEAR 2012

(See reverse side for Instructions)

Type of Report: ☒ January 2013 ☐ July _____

Covering Period January 1, 2012 through December 31, 2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Bruce C. Bereano

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

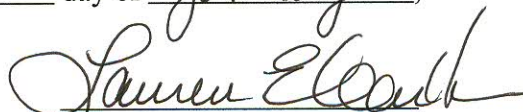
I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.


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 2nd day of January, 2013

My commission Expires: 12/22/2013


Notary Public