

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: (Schedule A)	\$ <u>15,000.00</u>
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: (Schedule A-1)	\$ <u>651.21</u>
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: (Schedule A-2)	\$ <u>0.00</u>
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: (Schedule B)	\$ <u>0.00</u>
12. Total of other expenditures related to lobbying activities: (Schedule B-1)	\$ <u>0.00</u>
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	\$ 30,000.00
\$ 15,000.00	\$					
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)

