

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 American Academy of Ophthalmology (b) Daytime Phone Number 202-737-6662
(c) Address 20 F Street, NW, Suite 400, Washington, DC 20001
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) \$12,000.00 (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 concerning the profession of ophthalmology.

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

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>6,000.00</u>
(Schedule A)	
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$	<u>0.00</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>6,000.00</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						
American Academy of Ophthalmology 20 F Street, NW, Suite 400 Washington, DC 20001						
FEES/RETAINER	COMPENSATION				\$ 6,000.00	\$ 12,000.00
\$ 6,000.00	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION	EXPENSES			\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 6,000.00	\$ 12,000.00

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

**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

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	\$ 0.00	\$ 0.00
\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
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 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	\$	\$
\$	\$	\$	\$	\$	\$		
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING						\$	\$ 0.00
(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
LOAN					\$	\$
\$	\$	\$	\$			
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN					\$	\$
\$	\$	\$	\$			
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN					\$	\$
\$	\$	\$	\$			
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN					\$	\$
\$	\$	\$	\$			
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
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OFFICE OF CAMPAIGN FINANCE
LOBBYIST ACTIVITY REPORT
SCHEDULE C

YEAR 2012

(See reverse side for Instructions)

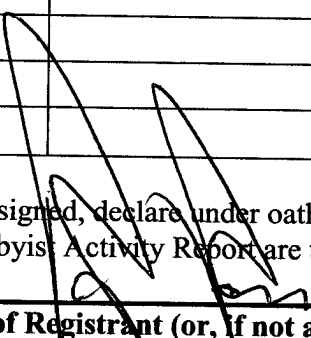
Type of Report: January 2013 July _____

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 9th day of January, 2013

My commission Expires: 12/22/2013


Notary Public