

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
441 4th Street, N.W., Suite 830S
Washington, D.C. 20001

LOBBYIST REGISTRATION FORM

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

Year 2013

Original Amendment

A person and/or entity shall register ("Registrant") with the Director of Government Ethics by filing a Lobbyist Registration Form and paying the required registration fee if the person:

- (a) receives compensation in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying;
- (b) receives compensation from more than one source in an aggregate amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying; or
- (c) expends funds in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying.¹

"Registrant," as referenced above, includes ANY and ALL of the following:

- (a) an individual ("Lobbyist")
- (b) an entity ("Lobbying Entity") (i.e. a partnership, committee, corporation, labor organization, and/or any other organization) that employs lobbyists and/or provides lobbying services to clients, and/or
- (c) individuals and/or entities ("Clients") that retain Lobbyists and/or Lobbying Entities to perform lobbying services.

Each Registrant shall file a registration form with the Director of Government Ethics, signed under oath, on or before January 15th of each year, or no later than 15 days after becoming a Lobbyist (and on or before January 15th of each year thereafter). If the Registrant is not an individual, an authorized officer or agent of the Registrant (i.e. Lobbying Entity and/or Client) shall sign the form. A Registrant shall file a separate registration form for each person from whom the Registrant receives compensation for lobbying activities.²

1. (a) Name of Registrant Children's National Medical Center
- (b) Daytime Telephone Number 202-471-4804 Cellular Telephone Number 202-573-6133
- (c) Email Address Squerrie@childrensnational.org
- (d) Permanent Address 111 Michigan Avenue Washington DC 20010
(Street Address) (City, State, Zip Code)

¹ D.C. Official Code § 1-1162.27(a).

² D.C. Official Code § 1-1162.29(a).

(e) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)

(f) Registrant is: Lobbyist Lobbying Entity Client

2. Lobbyist(s) working for the Lobbying Entity: Attach a Supplemental Sheet if additional space is needed.³

(1)(a) Name Bill Quirk

(b) Daytime Telephone Number: 202-471-4803 Cellular Telephone Number 202-487-1021

(c) Address 111 Michigan Ave NW, Washington, DC 20000
(Street Address) (City, State, Zip Code)

(2)(a) Name Sarah Guerrieri

(b) Daytime Telephone Number: 202-471-4804 Cellular Telephone Number 202-~~471~~ 573-6133

(c) Address 2233 Wisconsin Ave NW, Washington, DC 20007
(Street Address) (City, State, Zip Code)

(3)(a) Name _____

(b) Daytime Telephone Number: _____ Cellular Telephone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

3. Clients of Registrant (when Registrant is a Lobbyist and/or Lobbying Entity)

Note: Registrants must file a separate Lobbyist Registration Form for each person from whom he or she receives compensation (i.e. client).⁴

(a) Name _____

(b) Daytime Phone Number _____ Cellular Telephone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

(d) Nature of Business _____

4. Terms of Compensation: (a) _____ (b) _____
(i.e., Hourly, Annual fee) Duration of Engagement

³ D.C. Official Code § 1-1162.30(6).
⁴ D.C. Official Code § 1-1162.29(a).

5. Identify matter(s) by subject and formal designation on which the Lobbyist and/or Lobbying Entity expects to lobby on behalf of the client identified in (3) above. Attach a Supplemental Sheet if additional space is needed. _____

I, the undersigned, certify and declare under oath that all of my statements on this form is to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001).

Sarah Guerrieri
Name and Title (Printed)

Government Affairs Specialist

Sarah Guerrieri
Signature of Registrant⁵

⁵ If not an individual, an authorized officer or agent of the Registrant must sign.