

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  
(Please note that Pulse is hereby withdrawing  
 July \_\_\_\_\_ representation for Crown Captive Association,  
effective 12/31/12.)

1. (a) Registrant's Name Crown Captive Association of DC (b) Daytime Phone Number 202-588-1214  
(c) Permanent Address 406 Florida Ave., NW, Wash., DC 20001  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) N/A  
(Street Address) (City, State, Zip Code)

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

- (a) Name Kevin Wrege c/o Pulse Issues & Advocacy LLC (b) Name \_\_\_\_\_  
Address 4410 Mass. Ave., NW, #150 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Wash., DC 20001 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)  
Daytime Phone Number 202-625-1787 Daytime Phone Number \_\_\_\_\_

3. Person Compensating Registrant

- (a) Name N/A (b) Daytime Phone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) \$2,000/mo. retainer & \$1,000/mo. merit incentive (b) 10/4/11-ongoing  
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.

Taxicab medallion legislation and related taxicab operation market reform

\* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15<sup>th</sup> 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	<u>N/A</u>	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)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ \_\_\_\_\_  
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ \_\_\_\_\_  
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ \_\_\_\_\_
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 12,000  
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ -0-  
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 12,000

**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: \_\_\_\_\_

Type of Report:  January \_\_\_\_\_  July \_\_\_\_\_

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Not applicable

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						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)</b>					\$	\$

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: \_\_\_\_\_

Type of Report:  January \_\_\_\_\_  July \_\_\_\_\_

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

**LOBBYIST/EMPLOYEE LOBBYIST'S**

NAME: \_\_\_\_\_

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT						TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
N/A							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$	\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
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		
\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING</b>						\$	\$
<b>(CARRY TOTAL FORWARD TO LINE 8)</b>							

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: \_\_\_\_\_

Type of Report:  January \_\_\_\_\_  July \_\_\_\_\_

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST  
NAME: \_\_\_\_\_

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY . N/A					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

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: 7/1/12 through 12/31/12

COMPENSATING REGISTRANT'S NAME: Crown Captive Association

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
7/17/12- 12/31/13	Pulse Issues & Advocacy 4410 Mass. Ave., NW, #150, Wash., DC 20016	Advocacy before the Council & exec agencies	\$ 12,000	\$ 24,000
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)</b>			\$ 12,000	\$ 24,000

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: 7/1/12 through 12/31/12

COMPENSATING REGISTRANT'S NAME: Crown Captive Association

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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL OTHER EXPENDITURES PAID FOR LOBBYING</b> (CARRY TOTAL FORWARD TO LINE 12)				-0-

- 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 7/1/12 through 12/31/12

**LOBBYIST/COMPENSATING'S REGISTRANT'S NAME:** Crown Captive Association

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	N/A	

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]  
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 8<sup>th</sup> day of January, 2013

My commission Expires: 03-31-2016

Fasil Deminie  
Notary Public

