

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# LOB000020196

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 DC Dental Political Action Committee Daytime Phone Number 202-547-7613
(c) Permanent Address 502 C Street NE Washington DC 20002
(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 N/A (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 N/A (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) _____ Salary (b) _____ 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.

Healthcare, dental care, taxes and insurance issues

* 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: \$ _____
(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) \$.06

11. Total of expenditures made for purposes of lobbying during the reporting period: \$ _____
(Schedule B)

12. Total of other expenditures related to lobbying activities: \$ _____
(Schedule B-1)

13. Total expenditures (Add Lines 11 and 12) \$.06

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: 7-1-12 through 12-31-12

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: N/A

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 <u>DC Dental Political Action Committee</u> <u>502 C Street NE</u> <u>Washington DC 20002</u>					\$.00	\$.00
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					
\$	\$					
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$.00	\$.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:

PAGE 1 OF 1

YEAR: 2012

Type of Report: ☒ January 2013

☐ July

Period Covering: 7-1-12

through 12-31-12

LOBBYIST/EMPLOYEE LOBBYIST'S
NAME: N/A

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							\$ <u>.00</u>	\$ <u>.00</u>
<u>DC Dental Political Action Committee</u> <u>502 C Street NE Washington DC 20002</u>								
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							\$	\$
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$			
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)							\$ <u>.00</u>	\$ <u>.00</u>

☐ 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: 7-1-12 through 12-31-12

LOBBYIST/EMPLOYEE LOBBYIST
NAME: N/A

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
DC Dental Political Action Committee 502 C Street NE Washington DC 20002						
LOAN						
\$	\$	\$	\$		\$.00	\$.00
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)					\$.00	\$.00

☐ 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: DC Dental Political Action Committee

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
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$ <u>.00</u>	\$ <u>.00</u>

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

YEAR: 2012

Type of Report: ☒ January 2013

Period Covering: 1-1-12 through 12-31-12

COMPENSATING REGISTRANT'S NAME: DC Dental Political Action Committee

TOTAL OTHER EXPENDITURES PAID FOR LOBBYING
(CARRY TOTAL FORWARD TO LINE 12)

- ☐ 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: N/A / DC Dental Political Action Committee

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
<u>1-18-13</u>	<u>Mr. Todd Philbrick</u>	<u>Treasurer</u>

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 18th day of Jan., 2013

[Signature]
M.R. Burness
My commission Expires: NOTARY PUBLIC, DISTRICT OF COLUMBIA
My Commission Expires April 14 2014

[Signature]
Notary Public