

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

- Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# _____

Type of Report: January 10 If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. Yes No

July _____

1. (a) Registrant's Name GROUP 360, LLC (b) Daytime Phone Number 2023200405
(c) Permanent Address 718 7TH ST NW, UNIT 2 WASH DC 20001
(Street Address) (City, State, Zip Code)
(d) N/A Temporary Address (while lobbying)
(Street Address) (City, State, Zip Code)

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

(a) Name MAX BROWN (b) Name _____
Address 475 H ST Address _____
(Street Address) (Street Address)
WASH DC 20001 (City, State, Zip Code) (City, State, Zip Code)
Daytime Phone Number 202 320 0405 Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name MEOSTAR HEALTH (b) Daytime Phone Number 410 772 6688
(c) Address 5565 STERRETT PLACE, 5TH FLOOR, COLUMBIA, MD
(Street Address) (City, State, Zip Code)
(d) Nature of Business HOSPITAL SYSTEM OWNER

4. Terms of Compensation: (a) MONTHLY Salary (b) ONGOING Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

MATTERS AFFECTING HEALTH CARE AND HOSPITALS
IN DC

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

Rev. 12/2012

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 a Supplemental Sheet if additional space is needed.

Name	<u>N/A</u>	Date	<u>MA</u>
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>45,000.⁰⁰</u>
(Schedule A)	
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$	<u>0</u>
(Schedule A-1)	
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$	<u>0</u>
(Schedule A-2)	
10. Total receipts (Add Lines 7, 8, and 9)	\$ <u>45,000</u>
11. Total of expenditures made for purposes of lobbying during the reporting period:	\$ <u>0</u>
(Schedule B)	
12. Total of other expenditures related to lobbying activities:	\$ <u>0</u>
(Schedule B-1)	
13. Total expenditures (Add Lines 11 and 12)	\$ <u>0</u>

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE OF
SCHEDULE A - COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2013

Type of Report: January 10 July

Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: MAX BROWN

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)						
<i>Group 360, LLC 718 7th St NW WDC 20001</i>						
FEES/RETAINER	COMPENSATION				\$ 45,000	\$ 90,000
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$ 45,000	\$ 90,000

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
 LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:**

YEAR: 2013

Type of Report: January 10 July _____
 Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: MAX BROWN

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>Orca 360 LLC 718 7th St NW, WDC 20001</u>							
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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		
\$	\$	\$	\$	\$	\$	\$	\$
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 (CARRY TOTAL FORWARD TO LINE 8)						\$ 0	\$ 0

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1
 (SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE ___ OF ___
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST
YEAR: 2013

Type of Report: January 10 July

Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST NAME: MAX BROWN

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER Group 360, LLC						
LOAN					0	0
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$		
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					0	0
					\$	\$

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

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY**

**LOBBYIST ACTIVITY REPORT
SCHEDULE C**

YEAR 2013

(See next page for Instructions)

Type of Report January 10 July _____

Covering Period 7/1/12 through 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: MAX BROWN

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
<u>MA</u>	<u>MA</u>	<u>MA</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.

[Handwritten 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 9 day of January, 2013

My commission Expires: **LINDA BROOKS
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires July 31, 2016**

[Handwritten Signature]
Notary Public

