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 MedStar Health

(b) Daytime Telephone Number 410-772-6500 Cellular Telephone Number _____

(c) Email Address _____

(d) Permanent Address 5565 Sterrett Place, 5th Floor, Columbia, MD 21044
(Street Address) (City, State, Zip Code)

[1] D.C. Official Code § 1-1162.27(a).

[2] D.C. Official Code § 1-1162.29(a).

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(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 Regina Knox Woods

(b) Daytime Telephone Number: 202-877-0382 Cellular Telephone Number _____

(c) Address 110 Irving Street, NW, EB 7123, Washington, DC 20010
(Street Address) (City, State, Zip Code)

(2)(a) Name _____

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

(c) Address _____
(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 MedStar Health (Regina Knox Woods)

(b) Daytime Phone Number 410-772-6500 Cellular Telephone Number _____

(c)Address 5565 Sterrett Place, 5th Floor, Columbia, MD 21044
(Street Address) (City, State, Zip Code)

(d) Nature of Business Health Care

4. Terms of Compensation: (a) $241,810 per year (b) 2001 - Present
(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).

Pegeen Townsend, Vice President
Government Affairs, MedStar Health

Name and Title (Printed)

Pegeen Townsend

Signature of Registrant[5]

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