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#** LOBOOO110734

Type of Report: ☒ January 10th 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 DC Hospital Association (b) Daytime Phone Number (202) 682-1581

(c) Permanent Address 1152 15th Street, NW, Suite 900 Washington, DC 20005
(Street Address) (City, State, Zip Code)

(d) 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 Malson, Robert
Address 1152 15th Street, NW, Suite 900
(Street Address)
Washington, DC 20005
(City, State, Zip Code)
Daytime Phone Number (202) 682-1581

(b) Name Jones, Stefanie
Address 1152 15th Street, NW, Suite 900
(Street Address)
Washington, DC 20005
(City, State, Zip Code)
Daytime Phone Number (202) 682-1581

3. Person Compensating Registrant

(a) Name DC Hospital Association (b) Daytime Phone Number (202) 682-1581

(c) Address 1152 15th Street, NW, Suite 900 Washington, DC 20005
(Street Address) (City, State, Zip Code)

(d) Nature of Business Health Care Issues

4. Terms of Compensation: (a) pro-rated (Salary) (b) Permanent (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.

Health Care, Taxation, Insurance, and Emergency Preparedness

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

Rev. 12/2012 **BEGA Form**

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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 See Attached Sheet 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: $ 109,845.00
(Schedule A)
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: $ 0.00
(Schedule A-1)
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: $ 0.00
(Schedule A-2)
10. Total receipts (Add Lines 7, 8, and 9) $ 109,845.00

11. Total of expenditures made for purposes of lobbying during the reporting period: $ 109,845.00
(Schedule B)
12. Total of other expenditures related to lobbying activities: $ 25,865.69
(Schedule B-1)
13. Total expenditures (Add Lines 11 and 12) $ 135,710.69

Question 6 Additional Sheet

	Name	Date
1.	Wayne Turnage	07/03/2012
2.	Kenneth Ellerbe	07/03/2012
3.	Vincent Gray	07/04/2012
4.	Wayne Turnage	07/11/2012
5.	Vincent Gray	07/12/2012
6.	Kenneth Ellerbe	07/12/2012
7.	Cathy Lanier	07/12/2012
8.	Paul Quander	07/12/2012
9.	Jennifer Greene	07/12/2012
10.	Victor Haskin	08/28/2012
11.	Muriel Bowser	09/12/2012
12.	Vincent Gray	09/15/2012
13.	Phil Mendelson	09/27/2012
14.	Vincent Gray	10/18/2012
15.	David Catania	10/18/2012
16.	Saul Levin	10/18/2012
17.	Stephen Baron	10/18/2012
18.	John Thompson	10/25/2012
19.	Muriel Bowser	11/07/2012
20.	Vincent Gray	11/13/2012
21.	Wayne Turnage	11/14/2012
22.	Jack Evans	11/15/2012
23.	David Catania	12/26/2012

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 4 OF 9
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2013

Type of Report: ☒ January 10th ☐ July_____

Period Covering: 7/01/2012 through 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: DC Hospital Association

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)	TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
DC Hospital Association 1152 15th St NW, Suite 900 Washington, DC 20005	109,845.00	219,690.00
FEES/RETAINER: $ 0 — COMPENSATION: $ 109,845	$	$

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)	$ 109,845.00	$ 219,690.00

☐ 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
SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: 2012

Type of Report: ☒ **January** 10th ☐ **July**_____

Period Covering: 7/1/2012 **through** 10/31/2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: DC Hospital Association

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
DC Hospital Association 1152 15th St NW, Suite 900 Washington, DC 20005							
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)**

REV. 12/2012 **BEGA Form**

INSTRUCTIONS FOR SCHEDULE A-1

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.

SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2013

Type of Report: ☒ **January** 10th ☐ **July**_____

Period Covering: 7/1/2012 **through** 12/31/2012

LOBBYIST/EMPLOYEE LOBBYIST NAME: DC Hospital Association

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY.

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN
DC Hospital Association 1152 15th street NW Suite 900 Washington, DC 20005						
LOAN						
$ 0	$	$	$		$ 0.00	$ 0.00
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					**TOTAL LOANS THIS PERIOD**	**CUMULATIVE LOAN**
LOAN						
$	$	$	$		$	$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					$ 0.00	$ 0.00

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

INSTRUCTIONS FOR SCHEDULE A-2

Period Covering: 7/1/2012 **through** 12/31/2012

COMPENSATING REGISTRANT'S NAME: DC Hospital 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
12/31/12	Robert Malson 1152 15th St. NW, Suite 900	Pro-rated salary	$ 79,282.00	$ 158,564.00
12/31/12	Stefanie Jones 1152 15th St. NW, Suite 900 Washington, DC 20005	Prorated salary	$ 26,055.00	$ 52,110.00
12/31/12	Lauren Hilliard 1152 15th St NW, Suite 900 Washington, DC 20005	Pro-rated wages (Admin. support)	$ 2,685.00	$ 5,370.00
12/31/12	Valerie Parker 1152 15th St. NW. Suite 500 Washington, DC 20005	Pro-rated wages (Administrative Support)	$ 1,823.00	$ 3,646.00
			$	$
			$	$
			$	$
			$	$
	TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)		$ 109,845.00	$ 219,690.00

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

REV. 12/2012

BEGA Form

INSTRUCTIONS FOR SCHEDULE B

The term "**EXPENDITURE**" includes any payments made relative to lobbying activities.

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.

2. You must itemize all expenses arranged, incurred, and paid by you during the period.

2013 January 10th Report Period Covering: 7/1/2012 through 12/31/2012 Page 2 of 1

COMPENSATING REGISTRANT'S NAME: DC Hospital Association

OTHER ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.

DATE PAYMENT	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL
7/24/12	Michael Brown 2012	Check -- Association contribution to election fund	Contribution	$ 750
9/20/12	Mendelson for Chairman	Check -- Association Contribution to election Fund	Contribution	$ 1,500
11/9/12	Mayor Gray's Constituent Services fund	Check -- Association contribution to constituent service fund	Contribution	$ 500
12/31/12	Lincoln Property Company	Portion of Office Rent attributable to lobbying expenses	Rent	$ 23,115.69
				$
				$
				$
				$

TOTAL OTHEREXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 12) $ 25,865.69

☐ 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

INSTRUCTIONS FOR SCHEDULE B-1

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.
2. You must report each contribution, gift, honoraria, and loan in the box titled "Description of Consideration".
3. The most common type of other expenses relating to lobbying activities are as follows:

a. **CAMPAIGN CONTRIBUTIONS MADE**

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST ACTIVITY REPORT
SCHEDULE C **YEAR** 2013
(See next page for Instructions)

Type of Report: ☒ **January** 10th ☐ **July** _____

Covering Period 7/1/2012 **through** 12/31/2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: DC Hospital Association

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

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 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 10th day of January, 2013

VALERIE A. PARKER
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires January 1, 2016

My commission Expires: _____ Notary Public