

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

Year 2012

Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# _____

Type of Report: January 2013 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 Carmen Group Incorporated (b) _____ Daytime Phone Number _____
202-785-0500

(c) Permanent Address 1899 Pennsylvania Ave, NW, 4th Floor Washington, DC 20006
(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 <u>Dal Harper</u>	(b) Name <u>David Carmen</u>
Address <u>same as above</u> <small>(Street Address)</small>	Address <u>same as above</u> <small>(Street Address)</small>
_____ <small>(City, State, Zip Code)</small>	_____ <small>(City, State, Zip Code)</small>
Daytime Phone Number <u>202-785-0500</u>	Daytime Phone Number <u>202-785-0500</u>

3. Person Compensating Registrant

(a) Name Crown Castle International (b) Daytime Phone Number 949-930-4352

(c) Address 38 Executive Park, Suite 310 Irvine, CA 92614
(Street Address) (City, State, Zip Code)

(d) Nature of Business Telecommunications

4. Terms of Compensation: (a) hourly Salary (b) until terminated 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.

Implementation of DAS Network

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

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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 _____
Name _____	Date _____

- 7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 57,222.50
(Schedule A)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ 788.06
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ 0
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ 58,010.56
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 0
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ 0
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 0

**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: 2012

Type of Report: January 2013 July _____

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

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Carmen Group Incorporated

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)						
Crown Castle International 38 Executive Park, Suite 310 Irvine, CA 92614 949-930-4352					57,222.50	275,016.30
FEES/RETAINER	COMPENSATION					
\$ 57,222.50	\$				\$	\$
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)					\$ 57,222.50	\$ 275,016.30

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: 2012

Type of Report: January 2013 July _____

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

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Carmen Group Incorporated

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							788.06	788.06
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$ 788.06	\$	\$	\$	\$	\$	\$	\$	
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			
\$	\$	\$	\$	\$	\$	\$	\$	
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)							\$ 788.06	\$ 788.06

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: 2012

Type of Report: January 2013 July _____

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

LOBBYIST/EMPLOYEE LOBBYIST
 NAME: Carmen Group Incorporated

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
Crown Castle International 38 Executive Park, Suite 310 Irvine, CA 92614 949-930-4352						
LOAN						
\$	\$	\$	\$	\$	0	0
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
					TOTAL	TOTAL
LOAN						
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
					TOTAL	TOTAL
LOAN						
\$	\$	\$	\$	\$		
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
TOTAL					TOTAL	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
COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE ___ OF ___
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: Carmen Group Incorporated

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
			\$ 0	\$ 0
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$ 0	\$ 0

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

**BOARD OF ETHICS AND
GOVERNMENT
ACCOUNTABILITY
LOBBYIST ACTIVITY REPORT
SCHEDULE C** YEAR 2012
(See next page for Instructions)

Type of Report: January 2013 July _____

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

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Carmen Group Incorporated

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 9th day of January
2013

My Commission Expires
May 31, 2014


Notary Public

My commission Expires: _____

