

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 John Ladd (b) Name David Carmen  
Address same as above Address same as above  
(Street Address) (Street Address)  
(City, State, Zip Code) (City, State, Zip Code)  
Daytime Phone Number 202-785-0500 Daytime Phone Number 202-785-0500

3. Person Compensating Registrant

(a) Name Providence Hospital (b) Daytime Phone Number 202-955-3990  
(c) Address 1150 Varnum Street, NE Washington, DC 20017  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business Hospital

4. Terms of Compensation: (a) \$25,000 per month (b) until terminated  
Salary 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.

Federal and DC Medicaid/Medicare funding and related issues

\* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15<sup>th</sup> 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>Wayne Turnage, Dir. DHCF</u>	Date	<u>9/27/12,12/11/12</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>150,000</u>
(Schedule A)		
8. Total of other compensation/receipts received for lobbying services and compensation paid to others:	\$	<u>399.00</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>150,399.00</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: 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)						
Providence Hospital 1150 Varnum Street, NE Washington, DC 20017					150,000	175,000
FEES/RETAINER	COMPENSATION					
\$ 150,000	\$				\$	\$
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					
\$	\$				\$	\$
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)</b>					<b>\$ 150,000</b>	<b>\$ 175,000</b>

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						399.00	399.00
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
\$ 399.00	\$	\$	\$	\$	\$	\$	\$
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		
\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING</b>						<b>\$ 399.00</b>	<b>\$ 399.00</b>
<b>(CARRY TOTAL FORWARD TO LINE 8)</b>							

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						
Providence Hospital 1150 Varnum Street, NE Washington, DC 20017						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL						
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

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

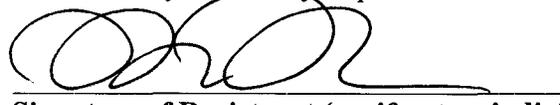
Type of Report:  January 2013  July \_\_\_\_\_

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 9<sup>th</sup> day of January, 2013

My Commission Expires May 31, 2014

  
Notary Public

