

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20009

Year 2012

- Original  
 Amendment

LOBBYIST ACTIVITY REPORT \*

(See reverse side for instructions) ID# \_\_\_\_\_

Type of Report:  January 2013 If you are filing a January Report please indicate, if you intend to lobby in the upcoming calendar year.  Yes  No  
 July \_\_\_\_\_

1. (a) Registrant's Name Delta Dental of California (b) Daytime Phone Number 415-972-8418  
(c) Permanent Address 100 First St., San Francisco, CA 94015  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) N/A  
(Street Address) (City, State, Zip Code)

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

- (a) Name Kevin Wrege c/o Pulse Issues & Advocacy LLC (b) Name \_\_\_\_\_  
Address 4410 Mass. Ave., NW, #150 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Wash., DC 20001 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)  
Daytime Phone Number 202-625-1787 Daytime Phone Number \_\_\_\_\_

3. Person Compensating Registrant

- (a) Name N/A (b) Daytime Phone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) \$4,500/mo. retainer (b) 1/1/11-ongoing  
Salary Duration of Employment

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

Dental and health care-related legislation and regulation related to the implementation of federal health care reform and the development of the State Health Benefit Exchanges, including - but not limited to - legislation effecting the manner and delivery of dental benefits, the potential for adding, expanding or changing District-funded dental benefit programs, and implementation of the District Health Benefits Exchanges and related laws and regulations.

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

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 an OCF Supplemental Sheet if additional space is needed.

Name (see attached.) _____	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: \$ \_\_\_\_\_  
(Schedule A)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ \_\_\_\_\_  
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ \_\_\_\_\_  
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ \_\_\_\_\_
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 22,500  
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ -0-  
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 22,500

**OFFICE OF CAMPAIGN FINANCE**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE \_\_\_ OF \_\_\_**  
**SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:**

YEAR: \_\_\_\_\_

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

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Not Applicable

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)</b>					\$	\$

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

**OFFICE OF CAMPAIGN FINANCE**

**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT**

PAGE \_\_\_ OF \_\_\_

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

YEAR: \_\_\_\_\_

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

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: \_\_\_\_\_ Not Applicable

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							
N/A							
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		
\$	\$	\$	\$	\$	\$	\$	\$
CUMULATIVE 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)						\$	\$

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

**OFFICE OF CAMPAIGN FINANCE**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE \_\_\_ OF \_\_\_**  
**SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST**  
**YEAR: \_\_\_\_\_**

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

Period Covering: \_\_\_\_\_ through \_\_\_\_\_

LOBBYIST/EMPLOYEE LOBBYIST Not Applicable  
 NAME: \_\_\_\_\_

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY. N/A						
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 LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN					\$	\$
\$	\$	\$	\$			
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN 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)





**OFFICE OF CAMPAIGN FINANCE  
 LOBBYIST ACTIVITY REPORT  
 SCHEDULE C**

YEAR 2012

(See reverse side for Instructions)

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

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

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Delta Dental of CA

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	N/A	

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.

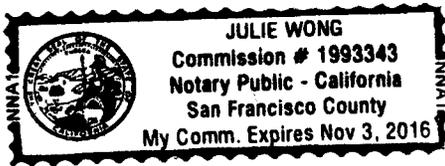
[Signature]  
 Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign).

**\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.**

State of California, County of San Francisco  
 Subscribed and sworn to before me on this 2nd day of January,  
2013, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

My commission Expires: November 3, 2016

[Signature]  
 Notary Public



**1.10.13 Pulse/Delta Dental filing of DC BEGA Lobbying Form, Pt. 6**

Delta Dental of CA Lobbying Communications as Defined Under DC BEGA Form From 7/1/12 – 12/31/12

8/6:

Brendan Rose, Health Policy Analyst, DISB

9/19:

Ed Fisher, PSCA Committee Director  
Justin Palmer, Health Committee Director

9/24:

Brendan Rose, Health Policy Analyst, DISB

10/11:

Alex Alonzo, DHCF Health Reform Policy Analyst  
Bonnie Norton, DHCF Acting Director, Health Care Reform and Innovation Administration  
Andre Beard, DISB Affordable Care Act Policy Analyst  
Justin Palmer, Health Committee Director

10/24:

Brendan Rose, Health Policy Analyst, DISB

10/30:

Brendan Rose, Health Policy Analyst, DISB  
Andre Beard, DISB Affordable Care Act Policy Analyst

11/7

Janene Jackson, Director, Mayor's Office of Planning and Legislative Analysis

11/9

Brendan Rose, Health Policy Analyst, DISB

12/12:

Brendan Rose, Health Policy Analyst, DISB  
Andre Beard, DISB Affordable Care Act Policy Analyst