GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF CAMPAIGN FINANCE

Year_ 2012 WASHINGTON, D.C. 20009

Original	LOBBYIST ACTI		
☐ Amendment	(See reverse side	for instructions) ID#	
Type of Report:	ary 2013 If you are	filing a January Report please indicate, if you	
•		bby in the upcoming calendar year. ▼Yes	No
			110
L July			
1. (a) Registrant's Name Bruce C. B	ereano	(b) Daytime Phone Number 410-	267-0410
		et, Annapolis, Maryland 21401	
(c) Tomaton Address	(Street Address)	(City, State, Zip Code)	
(d) Temporary Address (while lobbying)_			
	(Street Address)	(City, State, Zip Code)	
2. Lobbyist (s) Working for Registrant: Attac	h an OCF Supplemental Sheet	t if additional space is needed.	
(a) Name		(b) Name	
Address(Street Address		Address	
(Street Address)	Address (Street Address)	
(City, State, Zip Code)		(City, State, Zip Code)	
•		•	
Daytime Phone Number		Daytime Phone Number	
3. Person Compensating Registrant			
(a) Name American Academy	of Ophthalmology	(b) Daytime Phone Number 202-737-6662	
20 F Street NIW S	uite 400 Washing	ton DC 20001	
(c) Address 20 F Street, NW, S		(City, State, Zip Code)	
(d) Nature of Business	,	(City, State, Zip Code)	
4. Terms of Compensation: (a) \$12,000	0.00	_(b) 1/1/2012 - 12/31/2012	
-	Salary	Duration of Employment	
5. Identify matter(s) by subject and formal de	signation on which the lobbyis	st/registrant expects to lobby. Attach an OCF Supplemental Sh	eet if additional
space is needed. Any and all matters concern	ning the profession	o of anhthalmalagy	
Try and an matters concern	ing the profession	i or oprimalinology.	
* REMINDER – Each new or previous	ly registered Lobbyist mu	st file a Lobbyist Registration Form by January 15 th	of each veer
,		•	or cach year.
Rev. 09/06 Flc'a by:	S. Peterson (1 17/13	SEGA) OCF Form 26	
Ì	17110		

Supplemental Sheet if additional space is needed.	
Name	Date
 Total compensation/receipts paid to the Lobbyist for lobbying during the rep (Schedule A) Total of other compensation/receipts received for lobbying services and con (Schedule A-1) Total amount of Loans received by the Lobbyist in connection with lobbyin (Schedule A-2) Total receipts (Add Lines 7, 8, and 9) Total of expenditures made for purposes of lobbying during the reporting p (Schedule B) Total of other expenditures related to lobbying activities: (Schedule B-1) Total expenditures (Add Lines 11 and 12) 	s 6,000.00

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

OFFICE OF CAMPAIGN FINANCE LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A - COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2012

Type of Report: January 2013 July

Period Covering: January 1, 2012 through

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Bruce C. Bereano

	TION/RECEIPT LARS)	S PAID FOR LOBI	BYING (AMOUNT	S MAY BE ROU	NDED OFF TO WHOLE	
EMPI	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMB	ER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
	cademy of Oph NW, Suite 400 DC 20001					
FEES/RETAINER \$6,000.00	COMPENSATION \$				\$ 6,000.00	_{\$} 12,000.00
EMP	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMB	ER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION
FEES/RETAINER	COMPENSATION \$				\$	\$
ЕМР	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMB	ER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION
FEES/RETAINER	COMPENSATION \$	EXPENSES				\$
ЕМР	LOYER'S NAME.	, ADDRESS AND TE	ELEPHONE NUMI	BER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION
FEES/RETAINER \$	COMPENSATION \$				_	\$
	ТО	TAL RECEIPTS I			s6,000.00	_{\$} 12,000.00

	IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
ш	(SEE REVERSE SIDE FOR INSTRUCTIONS)
Rev 09/	06

OFFICE OF CAMPAIGN FINANCE

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: MJanuary 2013	□July
Period Covering: January 1, 2012	through December 31, 2012
LOBBYIST/EMPLOYEE LOBBYIST'S	
NAME: Bruce C. Bereano	

EMPLOYI	ER'S NAME, ADDRES	SS, AND TELEI	PHONE NUME	BER		ТОТ	FAL THIS PERIOD		IULATIVI FOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES				
\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	0.00
EMPLOYER:	'S NAME, ADDRESS,	AND TELEPHO	ONE NUMBEI	R		1	TAL THIS ERIOD		ULATIVE TAL
	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	-			
OFFICE EXPENSES	- OBBIGITION DILL		 	 					
\$	\$	\$	\$	\$	\$	\$		\$	
\$					\$	то	TAL THIS ERIOD	CUM	ULATIVE FAL
\$	\$				\$	то		CUM	
\$	\$				\$ OTHER EXPENSES	то		CUM	
\$ EMPLOYER OFFICE EXPENSES	\$ NAME, ADDRESS, ADVERTISING &	AND TELEPHO	ONE NUMBEI	COMPENSATION	OTHER	то		CUM	
\$ EMPLOYER OFFICE EXPENSES \$	\$ NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	ONE NUMBEI TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES	TO P		CUM TO	
\$ EMPLOYER OFFICE EXPENSES \$ CUMULATIVE	\$ NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	ONE NUMBEI TRAVEL EXPENSES \$	COMPENSATION TO OTHER	OTHER EXPENSES	TO P	ERIOD	CUM TO	
\$ EMPLOYER OFFICE EXPENSES \$ CUMULATIVE	\$ NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	ONE NUMBEI TRAVEL EXPENSES \$	COMPENSATION TO OTHER	OTHER EXPENSES	TO P	ERIOD OTAL THIS	CUM TO	TAL
\$ EMPLOYER OFFICE EXPENSES \$ CUMULATIVE	\$ NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	ONE NUMBEI TRAVEL EXPENSES \$	COMPENSATION TO OTHER	OTHER EXPENSES	TO P	ERIOD OTAL THIS	CUM TO	TAL
\$ EMPLOYER OFFICE EXPENSES \$ CUMULATIVE	\$ NAME, ADDRESS, ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	ONE NUMBEI TRAVEL EXPENSES \$	COMPENSATION TO OTHER	OTHER EXPENSES	TO P	ERIOD OTAL THIS	CUM TO	TAL

(CARRY TOTAL FORWARD TO LINE 8)

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

PAGE 1 OF 1

OFFICE OF CAMPAIGN FINANCE LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2012

Type of Report: January 2013	July
Period Covering: January 1, 2012 through	December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST NAME:______Bruce C. Bereano

LOA	NS RECEIVEI) IN CONNECTION	WITH LOBBYING A	CTIVITY. N	one	
	EMPLOYER'S	S NAME, ADDRESS	AND TELEPHONE N	UMBER	TOTAL LOANS THIS PERIO	CUMULATIVE LOAN TOTAL
LOAN			<u> </u>			
\$	\$	\$	\$		\$	\$
	EMPLOYER'S	NAME, ADDRESS	AND TELEPHONE N	UMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
	EMPLOYER'S	NAME, ADDRESS	AND TELEPHONE N	UMBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN \$	\$		•			
ъ	12	\$	\$		\$	\$
	EMPLOYER'S	NAME, ADDRESS A	ND TELEPHONE NU	MBER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$		\$	\$
	(CA	RRY TOTAL FOR	EIVED FOR THE PERWARD TO LINE 9)	\$	\$

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

OFFICE OF CAMPAIGN FINANCE

COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE B - EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST YEAR: 2012

YEAR:_ ²⁰¹²
Type of Report: January 2013 July
Period Covering: January 1, 2012 through December 31, 2012
COMPENSATING REGISTRANT'S NAME: Amerian Academy of Ophthalmology
PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

CTIVITY OBBYIST	EXPENSES INCURRED, OR PAID BY THE CO FFOR ACTIVITIES RELATIVE TO LOBBYING	OMPENSATING REGISTRANT TO THE LOB ACTIVITIES IN THE DISTRICT OF COLUM	BYIST AND/OR IN-H //BIA.	IOUSE EMPLOYEE
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
	Bruce C. Bereano, 191 Duke of Gloucester St., Annapolis, MD 21401	Lobbying/Government Relations Compensation	\$6,000.00	12,000.00
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			\$	\$
			\$	\$
,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		\$	<u> </u>
			\$	\$
			.	\$
			\$	\$ \$12,000.0

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

OFFICE OF CAMPAIGN FINANCE LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE_OF 1 SCHEDULE B-1 - OTHER EXPENDITURES

	YEAR: 2012						
	Type of Repo	ort: January 2013 Ju	ıly				
	Period Covering: January 1, 2012 through December 31, 2012						
COMPENSA	ATING REGISTRANT'S NAME: Ame	erican Academy of Ophthalmol	logy				
OTHER ACHOUSE EM	CTIVITY EXPENSES INCURRED, OF	R PAID BY THE COMPENSATING REGISTRA ES RELATIVE TO LOBBYING ACTIVITIES IN	NT TO THE LOBBYIST AND/OR IN THE DISTRICT.	V-			
DATE	NAME OF RECIPIENT		TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT HONORARIA, ETC.)	r, TOTAL PAYMENT			
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				<u>\$</u>			
				\$			
				\$			
	ТОТА	LOTHEREXPENDITURESPAIDFORLO	DBBYING	0.00			

(CARRY TOTAL FORWARD TO LINE 12)

PERIOD, CHECK THI
P

REV. 09/06 OCF Form 26

OFFICE OF CAMPAIGN FINANCE LOBBYIST ACTIVITY REPORT SCHEDULE C

YEAR 2012

(See reverse side for Instructions)

Type of Report:	January 2013 July	
Covering Period		
LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Bruce C. Bereano		
DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	1	
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		
My commission Expires: 12/22/2013 Notary Public		