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 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 District of Columbia Association of Health Plans (DCAHP)   (b) Daytime Phone Number 202-621-1886

(c) Permanent Address 1455 Pennsylvania Ave., NW, Suite 400 Washington, DC 20004
(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 David W. Wilmot   (b) Name ________________

Address 1455 Pennsylvania Ave., NW, Suite 400   Address ________________
(Street Address) (Street Address)

Washington, DC 20004   ________________
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 292-250-4958   Daytime Phone Number ________________

3. Person Compensating Registrant

(a) Name ________________   (b) Daytime Phone Number ________________

(c) Address ________________
(Street Address) (City, State, Zip Code)

(d) Nature of Business ________________

4. Terms of Compensation: (a) ________________ (b) ________________
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.

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*** 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 ______________________ 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: $ 0
(Schedule A)

8. Total of other compensation/receipts received for lobbying services and compensation paid to others: $ 0
(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) $ 0

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 ETHICS 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 10th ☐ July________

Period Covering: July 1, 2012 **through** December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: David W. Wilmot

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)
District of Columbia Association of Health Plans 1455 Pennsylvania Avenue, NW, Suite 400 Washington, DC 20004						
FEES/RETAINER	COMPENSATION					
$	$				$ 0	$ 56,250
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)					$	$ 56,250

☐ 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 10th ☐July______

Period Covering: July 1, 2012 **through** December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: David W. Wilmot

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
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		
$	$	$	$	$	$	$	$

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

☐ **IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE NEXT PAGE FOR INSTRUCTIONS)**

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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.

2. Provide the name of the Compensating Registrant who contracted with the lobbyist or who employed an in-house employee lobbyist, person/organization to provide lobbying services

3. Provide information relative to all other compensation received by the lobbyist, in-house lobbyist or by any person/organization providing lobbying services for the Compensating Registrant.

4. Other compensation received by the lobbyist, in-house employee lobbyist, person/organization must be summarized (by type) and reported during the reporting period, in which the compensation was received and used in payment for lobbying services including the following:

   (A) Office expenses are those expenses incurred by the lobbyist or any other person/organization for office overhead and operating expenses.

   (B) Personal expenses are those expenses incurred by the lobbyist, in-house employee lobbyist, any person and/or organization in which personal funds were expended for the benefit of an employee and/or official of the District of Columbia. These expenses must be reported regardless of whether or not the Compensating Registrant reimbursed the lobbyist, in-house employee lobbyist, any person or organization.

   (C) Advertising and publication expenses are those expenses incurred by the lobbyist, in-house employee lobbyist, person/and or organization that provided informational material (e.g., books, reports, pamphlets, calendars, and any other material used in connection with lobbying activities).

   (D) Travel expenses are those travel expenses (ground or air transportation and lodging) incurred by the lobbyist, in-house lobbyist, any person/and or organization for the purpose of influencing legislative or administrative decision, or on each piece of local legislation.

   (E) Compensation to others are those payments made by a lobbyist and/or in-house employee lobbyist who subcontracts with another lobbying firm, organization or person to complete lobbying activities on behalf of the Compensating Registrant.

   (F) Other expenses are those expenses paid to influence legislative or administrative actions in the District of Columbia. Examples of other expenses are:

   - Payments made to a lobbying coalition;
   - Compensation paid to non-lobbyist employees engaging in or urging others to engage in direct communication, and providing research services and preparing materials to be used in direct communication or in connection with soliciting or urging others to engage in direct communication;
   - The payment of expenses incurred by a lobbyist or in-house employee lobbyist but not paid directly to the lobbyist or in-house lobbyist (e.g., a direct payment to a credit card company);
   - The payment of expenses incurred for goods or services used by the lobbyist or in-house employee lobbyist to support or assist a lobbyist in connection with his or her activities as a lobbyist, such as legislative bill service, periodicals, etc;
   - The payment of any other expenses which would not have been incurred but for the lobbyist activities to influence or attempt to influence legislative or administrative action, including payments to expert witnesses, etc.

5. Total expenditures for the reporting period must be shown if relative to lobbying activities by a lobbyist or an in-house employee lobbyist and person/organization contracted to provide lobbying services.

6. The cumulative to-date column must include the aggregate total of all other compensation received for the two reporting period within a calendar year. (January and July)

7. The registrant must maintain detailed records of all receipts and expenditures by each employee, agent, or sub-agent.

8. If additional space is needed, use a supplemental sheet and include with Schedule A-1.

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** 10th ☐ **July**______

Period Covering: July 1, 2012 **through** December 31, 2012

LOBBYIST/EMPLOYEE LOBBYIST
NAME: David W. Wilmot

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY. 0

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN
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					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
$	$	$	$		$	$

TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)	$	$
		0

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

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INSTRUCTIONS FOR SCHEDULE A-2

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.

2. Provide the name of the lobbyist or in-house employee lobbyist, person/organization to provide lobbying services.

3. Provide information relative to any loans received by the lobbyist, in-house employee lobbyist, person/organization to any official and/or employee of the District of Columbia related to any lobbying activities.

   (A) Include all loans received for the period.

   (B) The cumulative to-date column must only include the aggregate total value of all loans received for the two reporting periods within a calendar year. (January and July).

4. The registrant must maintain detailed records of all receipts and expenditures by each employee, agent or sub-agent.

5. If additional space is needed, use a supplemental sheet and include with Schedule A-2.

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COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE__OF__

SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST

YEAR: 2012

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

Period Covering: July 1, 2012 through December 31, 2012

COMPENSATING REGISTRANT'S NAME: ______________________________

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES 0

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

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

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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.

3. Purpose of Compensation describes the reason for the compensation (e.g., proposed legislation, pending decision, etc.).

4. Total expenditures for the reporting period must be shown if relative to lobbying activities by a Lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.

5. The *cumulative to-date column* must include the aggregate total of all expenditures that were paid by the Compensating Registrant for lobbying activities to a lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.

6. If additional space is needed, use a supplemental sheet and include with Schedule B.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE__OF ___

SCHEDULE B-1 – OTHER EXPENDITURES

YEAR: 2012

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

Period Covering: July 1, 2012 through December 31, 2012

COMPENSATING REGISTRANT'S NAME: District of Columbia Association of Health Plans

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
				$
				$
				$
				$
				$
				$
				$
				$
TOTAL OTHEREXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 12)				0

☐ 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**

You must disclose all monetary and non-monetary campaign contributions made by the Compensating Registrant, the lobbyist, the in-house employee lobbyist, and/or person/organization contracted to provide lobbying services. For each contribution, you must report:

- The date of the contribution
- The name of the recipient of the contribution
- The amount of the gift
- Description of Consideration (Describe the type of contribution received by the reportable person(s), e.g., in-kind contribution, cash, Services, etc.)

b. **GIFT**

A "Gift" is defined as any "payment" (which may be money or anything of value, such as goods or services) to the extent that consideration of equal or greater value is not received by the donor. The term "gift" includes, but is not limited to; payments made for food, beverages and travel, etc. For each gift, you must report:

- The date the gift was provided to the official/employee.
- The amount of the gift.
- The amount of the contribution
- Description of Consideration (Describe the type of honorarium provided e.g., lunch, drinks, flowers, cash, passes or tickets, home hospitality, etc.)

c. **HONORARIA**

"Honorarium" is defined as any payment made in consideration for any speech given, article published, or attendance at any public or private conference, convention, meeting, social event, meal, or like gathering for each gift, you must report:

- The date of the activity
- The recipient of the honorarium
- The amount of the payment
- Description of Consideration (Describe the type of gift given. e.g., speech, social event, public event, etc.)

d. **LOANS**

A "loan" is defined as money lent for the borrowers temporary use. For each loan you must report:

- The date the loan was incurred
- The recipient of the loan
- The amount of the loan
- The loan repayment date
- Any interest that is incurred

4. Total expenditures for the reporting period must be shown if relative to lobbying activities by a lobbyist or an in-house employee lobbyist and person/organization contracted to provide lobbying services.

5. Total payment must include the aggregate total of all other expenditures that were paid the Compensating Registrant for lobbying activities to a lobbyist or an in-house employee lobbyist, and person/organization contracted to provide lobbying services.

6. If additional space is needed, use supplemental sheet and include with Schedule B-1.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST ACTIVITY REPORT
SCHEDULE C **YEAR** 2012
(See next page for Instructions)

Type of Report: [X] **January** 10th [ ] **July** ______

Covering Period July 1, 2012 **through** December 31, 2012

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: District of Columbia Association of Health Plans

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 4th day of January, 2013

My commission Expires: 10/3/2016

Notary Public

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