GOVER	NMENT OF THE		
Year_2012	OFFICE OF CAI WASHINGT	ON, D.C. 2000	
🖄 Original	LOBBYIST ACT	FIVITY REPOF	RT *
Amendment	(See reverse si	de for instructions)	ID#
Type of Report: X Januar			ry Report please indicate, if you
	intend to	lobby in the upco	oming calendar year. 🛛 Yes 🗆 No
July			
1. (a) Registrant's Name Ernest Mai	er, Inc.		(b) Daytime Phone Number <u>240-508-3210</u>
(c) Permanent Address 4700 Anna	polis Rd., Bl	adensburg, 1	
.,	(Street Address)		(City, State, Zip Code)
(d) Temporary Address (while lobbying) <u>N</u>	I/A (Street Address)		
	(Street Address)		(City, State, Zip Code)
2. Lobbyist (s) Working for Registrant: Attach	an OCF Supplemental St	neet if additional space	e is needed.
(a) Name_Kevin Wrege c/o	Pulse Issues	& ANNAGACY	LLC
Address 4410 Mass. Ave.,	NW, #150	Address	(Street Address)
(Street Address)			(Street Address)
Wash., DC 20016			(City, State, Zip Code)
(City, State, Zip Code)			
Daytime Phone Number 202-625-1	. / 8 /	Daytime Phone	e Number
3. Person Compensating Registrant			
(a) Name N/A		(b) Daytime Phor	ne Number
(c) Address			
(Street Address)			(City, State, Zip Code)
(d) Nature of Business			
4. Terms of Compensation: (a) \$350 hc	wrly rate	a 4/3/12·	-ongoing
4. Terms of Compensation: (a) $\sqrt{330}$ inc	Salary	(b) <u>-7-7-7-</u>	Duration of Employment
 Identify matter(s) by subject and formal designate is needed. 	ignation on which the lobb	byist/registrant expects	s to lobby. Attach an OCF Supplemental Sheet if additional
Policy and procurement i	ssues surroun	nding potent	ial permeable pavement sale to D
government.		<u> </u>	
- 			

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

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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 an OCF Supplemental Sheet if additional space is needed.

Name (see attached.)	Date
Name	Date
 Total compensation/receipts paid to the Lobbyist for lobbying during the reporting periods (Schedule A) Total of other compensation/receipts received for lobbying services and compensation (Schedule A-1) Total amount of Loans received by the Lobbyist in connection with lobbying during the services and compensation (Schedule A-1) 	paid to others: \$
(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:	\$ <u>420</u>
(Schedule B)12. Total of other expenditures related to lobbying activities:	\$
(Schedule B-1) 13. Total expenditures (Add Lines 11 and 12)	\$ <u>420</u>

YEAR:					
Type of Report: January July					
	Pe	eriod Covering:	th	rough	
LOBBYIST/	EMPLOYEE LOB	BYIST'S NAME:	N/A		
	TION/RECEIPT LARS)	S PAID FOR LOB	BYING (AMOUNTS MA	Y BE ROUNDED OFF TO WHOLE	
EMP	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
		····	r		
FEES/RETAINER \$	COMPENSATION \$	· · · · · · · · · · · · · · · · · · ·		\$	\$
EMP	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER \$	COMPENSATION			¢	¢
.	\$		L l	\$	\$
EMP	LOYER'S NAME,	ADDRESS AND TE	LEPHONE NUMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
			.		
FEES/RETAINER \$	COMPENSATION \$			\$	\$
	φ	L	L l		
EMP	LOYER'S NAME,	ADDRESS AND TH	LEPHONE NUMBER	TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				
\$	\$			\$	\$
<u> </u>			RECEIVED FOR LOB RWARD TO LINE 7)	BYING \$	\$

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

OFFICE OF CAMPAIGN FINANCE PAGE ¹ OF 1 LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR:

Type of Report:

Period Covering: through

LOBBYIST/EMPLOYEE LOBBYIST'S

N/A NAME: 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 CUMULATIVE EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER** PERIOD TOTAL ADVERTISING & PERSONAL TRAVEL COMPENSATION OTHER OFFICE EXPENSES PUBLICATION EXP EXPENSES EXPENSES TO OTHER EXPENSES \$ \$ \$ \$ \$ \$ \$ \$ TOTAL THIS **CUMULATIVE EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER** PERIOD TOTAL ADVERTISING & PERSONAL TRAVEL COMPENSATION OTHER OFFICE EXPENSES PUBLICATION EXP EXPENSES **EXPENSES** TO OTHER EXPENSES \$ \$ \$ \$ \$ \$ \$ \$ CUMULATIVE TOTAL THIS **EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER** PERIOD TOTAL **ADVERTISING &** PERSONAL TRAVEL COMPENSATION OTHER OFFICE EXPENSES EXPENSES PUBLICATION EXP EXPENSES TO OTHER EXPENSES \$ \$ \$ \$ \$ \$ \$ \$ TOTAL THIS CUMULATIVE **EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER** PERIOD TOTAL COMPENSATION ADVERTISING & PERSONAL TRAVEL OTHER OFFICE EXPENSES EXPENSES PUBLICATION EXP EXPENSES **EXPENSES** TO OTHER ¢ \$ \$ \$ \$ \$ \$ \$

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)

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\$

\$

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

YEAR:	
Type of Report: January	July

Period Covering:______ through ______

LOBBYIST/EMPLOYEE LOBBYIST N/A

NAME:_____

LOAN	S RECEIVED	IN CONNECTION V	WITH LOBBYING ACTIV	ITY. N/A	······	
J	EMPLOYER'S	NAME, ADDRESS A	ND TELEPHONE NUMB	ER	TOTAL LOANS THIS PERIO	CUMULATIVE LOAN TOTAL
	···-		<u></u>		-	
LOAN \$	\$	\$	\$		\$	\$
\$ 			\$	<u> </u>	D	3
]	EMPLOYER'S	NAME, ADDRESS A	ND TELEPHONE NUMBI	ER	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN	<u> </u>				-	
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER		TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL			
LOAN						
\$	\$	\$	\$		\$	\$
E	MPLOYER'S N	AME, ADDRESS A	ND TELEPHONE NUMBE	R	TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
			şa bərəni dələr iş ərən bərəni ilə əsərə			
LOAN]	
\$	\$	\$	\$	1	\$	\$
			IVED FOR THE PERIO WARD TO LINE 9)	D	\$	\$

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 <u>1</u> OF <u>1</u> SCHEDULE B - EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST **YEAR: 2012**

X January 2013 Type of Report:

July

Period Covering: 7/1/12 through _____12/31/12

COMPENSATING REGISTRANT'S NAME: Ernest Maier, Inc.

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
7/1	/12-	Pulse Issues & Advocad			
	/31/12	4410 Mass. Ave., NW,	Council & exec ageni	ces _{\$ 420}	\$ 2,990
ſ		#150, Wash., DC 20016			
Į				\$	\$
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}					<u>^</u>
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				s	\$
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				\$	\$
ĺ	1			1	
			· · · · · · · · · · · · · · · · · · ·	\$	\$
		TOTAL EXPENDITURES	PAID FOR LOBBYING	\$420	\$2,990

TAL EXPENDITURES PAID F (CARRY TOTAL FORWARD TO LINE 11)

\Box $\,$ 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 1 OF 1 **SCHEDULE B-1 - OTHER EXPENDITURES**

YEAR: 2012

Type of Report: X January 2013	July
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COMPENSATING REGISTRANT'S NAME: Ernest Maier, Inc.

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. TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, TOTAL DATE NAME OF RECIPIENT DESCRIPTION OF CONSIDERATION HONORARIA, ETC.) PAYMENT 0 \$ \$ 0

TOTALOTHEREXPENDITURESPAIDFORLOBBYING (CARRY TOTAL FORWARD TO LINE 12)

□ 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

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OFFICE OF CAMPAIGN FINANCE LOBBYIST ACTIVITY REPORT SCHEDULE C (See reverse side for Instructions)	YEAR_	2012
Type of Report: X January 2013 July		
Covering Period 7/1/12 through 12/31/12		

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Ernest Maier, Inc.

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 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	2	day of <u></u>	Jar	nual	ry,
		,	1	A	-

My commission Expires: 10/18/16

