

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 Crown Insurance Co. of DC (b) Daytime Phone Number 202-588-1214
(c) Permanent Address 406 Florida Ave., NW, Wash., DC 20001
(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 20016 _____
(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) \$1,000/mo. retainer (b) 1/1/12-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.

Insurance and general business advocacy efforts for auto insurer.

* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th 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	<u>See attached.</u>	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: \$ 6,000
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ _____
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 6,000

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: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: N/A

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				\$	\$
\$ 5,000	\$					
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				\$	\$
\$	\$					
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$	\$

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 1 OF 1
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: _____ N/A

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	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 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: _____

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)					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
					\$	\$

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

Type of Report: January 2013 July _____

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

COMPENSATING REGISTRANT'S NAME: Crown Ins. Co.

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- 12/31/12	Pulse Issues & Advocacy 4410 Mass. Ave., NW, #150, Wash., DC 20016	Advocacy before the Council & exec agenices	\$ 6,000	\$ 12,000
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)			\$ 6,000	\$ 12,000

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: January 2013 July _____

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

COMPENSATING REGISTRANT'S NAME: Crown Ins. Co.

OTHER 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.				
DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL PAYMENT
	N/A			\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL OTHER EXPENDITURES PAID FOR LOBBYING				0
(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

**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: Crown Ins. Co.

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.

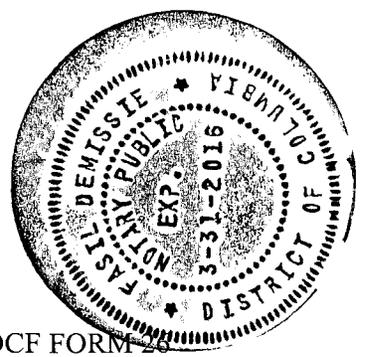
~~Signature of Registrant~~ (or, if not an individual, an authorized officer or agent* of registrant must sign).

*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 8th day of January, 2013
2013

Faail Demissie
 Notary Public

My commission Expires: 03-31-2016



1.10.13 Pulse/Crown Captive Ins. Co. filing of DC BEGA Form Pt. 6

Crown Lobbying Communications From 7/1/12 – 12/31/12

10/11:

Christina Setlow, Judiciary Committee Counsel

Jessica Jacobs, Judiciary Committee Legislative Counsel

10/24:

Christina Setlow, Judiciary Committee Counsel

Jessica Jacobs, Judiciary Committee Legislative Counsel

11/27:

Councilmember Phil Mendelson

Kevin Stogner, Committee Counsel, CM Jack Evans

12/5:

Councilmember Muriel Bowser

Kevin Stogner, Committee Counsel, CM Jack Evans

12/10:

Ed Fisher, Committee Director, CM Yvette Alexander

Christina Setlow, Judiciary Committee Counsel

Jessica Jacobs, Judiciary Committee Legislative Counsel

Kevin Stogner, Committee Counsel, CM Jack Evans

Rob Wilkins, Legislative Counsel, Cm Muriel Bowser

12/14:

Kevin Stogner, Committee Counsel, CM Jack Evans

Rob Wilkins, Legislative Counsel, Cm Muriel Bowser