

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
441 4th Street, N.W., Suite 830S
Washington, D.C. 20001**

LOBBYIST ACTIVITY REPORT

Year 2014

Type of Report: January 2014 July 2014

If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. Yes No

Original Amendment

A person and/or entity shall register ("Registrant") with the Director of Government Ethics by filing a Lobbyist Registration Form and paying the required registration fee if the person:

- (a) receives compensation in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying;
- (b) receives compensation from more than one source in an aggregate amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying; or
- (c) expends funds in an amount of \$250 or more in any three (3) consecutive calendar-month period for lobbying.¹

"Registrant," as referenced above, includes ANY and ALL of the following:

- (a) an individual ("Lobbyist")
- (b) an entity ("Lobbying Entity") (*i.e.* a partnership, committee, corporation, labor organization, and/or any other organization) that employs lobbyists and/or provides lobbying services to clients, and/or
- (c) individuals and/or entities ("Clients") that retain Lobbyists and/or Lobbying Entities to perform lobbying services.

Each Registrant shall file with the Director of Government Ethics between the 1st and 10th day of July and January of each year a report signed under oath concerning the Registrant's lobbying activities during the previous six (6)-month period. If the Registrant is not an individual Lobbyist, an authorized officer or agent of the Registrant shall sign the form. A Registrant shall FILE A SEPARATE ACTIVITY REPORT for each person from whom the Registrant receives compensation for lobbying activities.²

1. (a) Name of Registrant Active Policy Solutions LLC

(b) Daytime Phone Number 2025400623 Cellular Telephone Number _____

(c) Permanent Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

(d) Temporary Address _____
(while lobbying) (Street Address) (City, State, Zip Code)

(e) Registrant is: Lobbyist Lobbying Entity Client

¹ D.C. Official Code § 1-1162.27(a).

² D.C. Official Code §1-1162.30(a).

2. Lobbyist (s) working for Registrant

(1) (a) Name Jason Lallis

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone Number _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

(2) (a) Name Terri Lakowski

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone Number _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

(3) (a) Name Jason Marmon

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone Number _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

3. Clients of Registrant (when Registrant is a Lobbyist and/or Lobbying Entity)

Note: Registrants must file a separate Lobbyist Registration Form and Lobbyist Activity Report for each client)

(1) (a) Name DC Children and Youth Investment Trust Corporation

(b) Daytime Telephone Number 202-671-6198 Cellular Telephone Number _____

(c) Address 16th Street, NW, Suite 500 Washington District of Columbia 20036
(Street Address) (City, State, Zip Code)

(d) Nature of Business youth development non-profit

4. Terms of Compensation: (a) \$150 per hour (b) through 6/30/2014
(i.e., Hourly, Annual fee, Salary) Duration of Engagement

5. Identify matter(s) by subject and formal designation on which the Lobbyist and/or Lobbying Entity expects to lobby on behalf of the client identified in (3) above. Attach a Supplemental Sheet if additional space is needed.

youth funding; youth development worker training; youth policy formation

6. Identify (by name and nature of business relationship with the Registrant) each official in the executive or legislative branch and any member of the official's staff, including personal and committee staff, who has a business relationship or a professional services relationship with the Registrant.

(1) (a) Name and Title of Official/Member of Official's Staff

(b) Nature of Relationship with Registrant

7. Identify each official in the executive or legislative branch with whom the Registrant has had written or oral communications during the reporting periods related to lobbying activities conducted by the Registrant.

(1) (a) Name and Title of Official

Kenyon McDuffie, Councilmember

(b) Date of Communication(s) 01/09/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with staff

(d) Nature and Purpose of Communication(s)
youth development worker training

(2) (a) Name and Title of Official

David Grosso, Councilmember

(b) Date of Communication(s) 01/13/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
In person meeting with staff

(d) Nature and Purpose of Communication(s)
youth development worker training

(3) (a) Name and Title of Official

Tommy Wells, Councilmember

(b) Date of Communication(s) 01/13/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
In person meeting with staff

(d) Nature and Purpose of Communication(s)
youth development worker training

(4) (a) Name and Title of Official

Jack Evans, Councilmember

(b) Date of Communication(s) 01/22/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with staff

(d) Nature and Purpose of Communication(s)
youth development worker training

(5) (a) Name and Title of Official

Anita Bonds, Councilmember

(b) Date of Communication(s) 01/23/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)

In person meeting with staff

(d) Nature and Purpose of Communication(s)

youth development worker training

(6) (a) Name and Title of Official

David Catania, Councilmember

(b) Date of Communication(s) 01/29/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)

in person meeting with staff

(d) Nature and Purpose of Communication(s)

youth development worker training

(7) (a) Name and Title of Official

Yvette Alexander, Councilmember

(b) Date of Communication(s) 02/20/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)

in person meeting with staff

(d) Nature and Purpose of Communication(s)

youth development worker training

(8) (a) Name and Title of Official

Jim Graham, Councilmember

(b) Date of Communication(s) 02/21/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)

in person meeting with Human Services Committee staff

(d) Nature and Purpose of Communication(s)

youth development working training

(9) (a) Name and Title of Official

Anita Bonds, Councilmember

(b) Date of Communication(s) 04/23/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with staff

(d) Nature and Purpose of Communication(s)
DC Trust budget hearing testimony

(10) (a) Name and Title of Official

Jim Graham, Councilmember

(b) Date of Communication(s) 04/29/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with Human Service Committee staff

(d) Nature and Purpose of Communication(s)
DC Trust budget hearing testimony

(11) (a) Name and Title of Official

Anita Bonds, Councilmember

(b) Date of Communication(s) 05/19/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with staff

(d) Nature and Purpose of Communication(s)
playing a role in the Interagency Task Force on Youth and Young Adults

(12) (a) Name and Title of Official

Tommy Wells, Councilmember

(b) Date of Communication(s) 06/05/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
briefly ran into outside of the Wilson Building

(d) Nature and Purpose of Communication(s)
aligning DC activities with the federal My Brother's Keeper Initiative.

(13) (a) Name and Title of Official

Tommy Wells, Councilmember

(b) Date of Communication(s) 06/16/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
in person meeting with staff

(d) Nature and Purpose of Communication(s)
aligning DC activities with the federal My Brother's Keeper Initiative.

(14) (a) Name and Title of Official

Jim Graham, Councilmember

(b) Date of Communication(s) 02/07/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
emails with staff

(d) Nature and Purpose of Communication(s)
DC Trust oversight hearing testimony

(15) (a) Name and Title of Official

Anita Bonds, Councilmember

(b) Date of Communication(s) 02/07/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
emails with staff

(d) Nature and Purpose of Communication(s)
DC Trust oversight hearing testimony

(16) (a) Name and Title of Official

Yvette Alexander, Councilmember

(b) Date of Communication(s) 02/21/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
emails with staff

(d) Nature and Purpose of Communication(s)
DC youth development worker training

(17) (a) Name and Title of Official

Jim Graham, Councilmember

(b) Date of Communication(s) 04/28/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
emails with staff over the week

(d) Nature and Purpose of Communication(s)
DC Trust budget hearing testimony

(18) (a) Name and Title of Official

Tommy Wells, Councilmember

(b) Date of Communication(s) 06/16/2014

(c) Type of Communication(s) (i.e. telephone conversation, meeting, email, etc.)
emails with staff throughout the week

(d) Nature and Purpose of Communication(s)
participation in youth task force and youth funding

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SCHEDULE A - LOBBYIST ACTIVITY REPORT

**COMPENSATION PAID BY REGISTRANT (i.e. LOBBYING ENTITY, CLIENT) TO THE
LOBBYIST/LOBBYIST ENTITY FOR LOBBYING**

Year: 2014

Period of Report: July Report Period Covering: 01/01/2014 through 06/30/2014

Compensation includes all consultant fees, salary, wages, etc. Note: The registrant must maintain detailed records of receipts and expenditures¹. (Amounts may be rounded off to whole dollars). Attach a Supplemental Sheet if additional space is needed.

(1) (a) Name of Lobbyist/Lobbyist Entity Jason Marmon

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)

(e) Compensation Paid:

(i) Compensation	<u>\$2,400.00</u>	<u>\$2,400.00</u>
	(Total paid this period)	(Cumulative annual total paid)

(ii) Retainer	<u>\$0.00</u>	<u>\$0.00</u>
	(Total paid this period)	(Cumulative annual total paid)

¹ D.C. Official Code § 1-1162.30(b).

² Each person to whom the Registrant has paid compensation/fees to lobby on his or her behalf shall be listed in the report. (D.C. Official Code § 1-1162.30(6)).

(2) (a) Name of Lobbyist/Lobbyist Entity Terri Lakowski

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
 (Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying) _____
 (Street Address) (City, State, Zip Code)

(e) Compensation Paid:

(i) Compensation	<u>\$500.00</u> (Total paid this period)	<u>\$500.00</u> (Cumulative annual total paid)
(ii) Retainer	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)

(3) (a) Name of Lobbyist/Lobbyist Entity Jason Lallis

(b) Daytime Telephone Number 202-540-0623 Cellular Telephone _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
 (Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying) _____
 (Street Address) (City, State, Zip Code)

(e) Compensation Paid:

(i) Compensation	<u>\$6,450.00</u> (Total paid this period)	<u>\$6,450.00</u> (Cumulative annual total paid)
(ii) Retainer	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)

Total Paid to all Lobbyists/Lobbying entities:

(i) Compensation	<u>\$9,350.00</u> (Total paid this period)	<u>\$9,350.00</u> (Cumulative annual total paid)
(ii) Retainer	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)

CARRY TOTAL FORWARD TO LINE 1 OF SCHEDULE B

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**SCHEDULE A-1 - LOBBYIST ACTIVITY REPORT
LOBBYIST EXPENDITURES**

Year: 2014

Period of Report: July Report Period Covering: 01/01/2014 through 06/30/2014

Note: The registrant must maintain detailed records of receipts and expenditures¹. (Amounts may be rounded off to whole dollars).

(1) (a) Registrant Name Active Policy Solutions LLC

(b) Daytime Telephone Number 2025400623 Cellular Telephone _____

(c) Address 9909 Inglemere Dr Bethesda Maryland 20817
(Street Address) (City, State, Zip Code)

(d) Temporary Address _____
(while lobbying) (Street Address) (City, State, Zip Code)

(2) Expenditures:

(a) Office Expenses:	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)
(b) Advertising & Publications:	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)
(c) Personal Sustenance:	<u>\$16.00</u> (Total paid this period)	<u>\$16.00</u> (Cumulative annual total paid)
(d) Lodging:	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)
(e) Travel:	<u>\$25.00</u> (Total paid this period)	<u>\$25.00</u> (Cumulative annual total paid)
(f) Other Expenses:	<u>\$0.00</u> (Total paid this period)	<u>\$0.00</u> (Cumulative annual total paid)
Total:	<u>\$41.00</u> (Total paid this period)	<u>\$41.00</u> (Cumulative annual total paid)

CARRY TOTAL FORWARD TO LINE 2 OF SCHEDULE B.

¹ Each registrant shall obtain and preserve all accounts, bills, receipts, books, papers, and documents necessary to substantiate the activity reports required to be made pursuant to this section for 5 years from the date of filing of the report containing these items. These materials shall be made available for inspection upon request by the Director after reasonable notice. (D.C. Official Code § 1-1162.30(b)).

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**LOBBYIST ACTIVITY REPORT
SCHEDULE A-2 -OTHER EXPENDITURES**

Year: _____

Period of Report: _____ Period Covering: _____ through _____

Each political expenditure, loan, gift, honorarium, or contribution of \$50 or more made by the Registrant or anyone acting on behalf of the Registrant to benefit an official in the legislative or executive branch, a member of his or her staff or household, or a campaign or testimonial committee established for the benefit of the official, shall be itemized by date, beneficiary, amount, and circumstances of the transaction, including the aggregate of all expenditures that are less than \$50 ¹. Attach a supplemental sheet if additional space is needed.

(1) Registrant Name: _____

Name of Beneficiary: _____

Amount: _____

Type of Transaction (i.e. political expenditure, loan, gift, honorarium, contribution):

Circumstances/Purpose of the Transaction:

NOTE: CARRY TOTAL FORWARD TO LINE 3 ON SCHEDULE B.

¹ D.C. Official Code § 1-1162.30(3).

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SCHEDULE B - CERTIFICATION

Year: 2014

**Please enter the total amounts paid for the reporting period for each of the categories indicated.
The amounts should be taken from the Schedule indicated.**

(1) Total compensation paid to the Lobbyist/Lobbying Entity:	\$9,350.00
	_____ (Schedule A)
(2) Total of expenditures made for purposes of lobbying:	\$41.00
	_____ (Schedule A-1)
(3) Total of other expenditures related to lobbying activities:	\$0.00
	_____ (Schedule A-2)
(4) Total expenditures: (Add Lines 2 and 3):	\$41.00

I, the undersigned, certify and declare under oath that all of my statements on this form is to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 et seq. (2001).

Certified By:

Jason Marmon, COO

Name (Printed)

ELECTRONICALLY CERTIFIED

Signature of Registrant¹

¹ If not an individual, an authorized officer or agent of the Registrant must sign.