



**THE PRINCE GEORGE'S COUNTY GOVERNMENT  
OFFICE OF ETHICS AND ACCOUNTABILITY  
LOBBYIST ANNUAL REPORT**

REPORTING PERIOD: January, 01 2017, through December, 31 2017

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### Contact Information

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### Reporting Period

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Reporting Period Start Date 1/1/2017	Reporting Period End Date 12/31/2017
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### Lobbyist Information

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Firm/Individual?  
Firm

If the registrant is a firm, identify all persons from the firm who represented the employer in the subject matters

The employer is to be exempt from lobbyist registration and reporting because all expenditures requiring registration are reported by the registrant alone or with other registrants.

No

Lobbying Matters  
Legislative and executive branch lobbying on capital funding and other hospital issues.

### Lobbyist Employer Information

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Employer's Name Philip Down	Employer's Title President
Employer's Company Name Doctors Community Hospital	
Employer's Phone (410) 552-8085	Employer's Email pdown@dchweb.org
Employer's Address 8118 Good Luck Road Lanham, MD 20706	
Employer's Nature of Business Community Hospital	
Employment Start Date 2/14/2017	Employment End Date 12/31/2017

**Compensation and Expenses**

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Do you have any reportable compensation or expenses during the reporting period?

Yes

Expenditures A - Compensation(\$)  
\$2,999.98

Expenditures B - Expenses(\$)  
\$0.00

Expenditures C - Research and Assistance (\$)  
\$0.00

Expenditures D - Publications(\$)  
\$0.00

Expenditures E - Paid to witnesses(\$)  
\$0.00

Expenditures F - Meals and beverages(\$)  
\$0.00

Expenditures G - Special events(\$)  
\$0.00

Expenditures H - Meetings(\$)  
\$0.00

Expenditures I - Other gifts(\$)  
\$0.00

Expenditures J - Other expenses(\$)  
\$0.00

**List of Beneficiaries****Electronic Signature**

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"I solemnly swear or affirm under the penalties of perjury that the contents of this report, including any attachments, are complete, true and correct to the best of my knowledge, information, and belief. I further agree that my use of a computer, key pad, mouse or other electronic device to sign and or submit this document constitutes my signature as if actually signed by me, is the legal equivalent of my manual signature, and constitutes my certification that the statements herein are true and accurate."

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MAIN (301) 883-3445 FAX (301) 883-3450 MD RELAY SERVICE 711