



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

REPORTING PERIOD: January, 01 2018, through December, 31 2018

[Print This Page](#)
[Close Window](#)

Contact Information

Name Davion Percy	Email dpercy@alexander-cleaver.com
Phone (410) 974-9000	Address 54 State Circle Annapolis, Maryland 21401 United States

Reporting Period

Reporting Period Start Date 1/1/2018	Reporting Period End Date 12/31/2018
---	---

Lobbyist Information

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

Employer's Name Phillip B. Down	Employer's Title President
Employer's Company Name Doctor's Community Hospital	
Employer's Phone (410) 552-8085	Employer's Email pdown@dchweb.org
Employer's Address 8188 Good Luck Road Lanham, MD 20706	
Employer's Nature of Business Community Hospital	
Employment Start Date 1/1/2018	Employment End Date 12/31/2018

Compensation and Expenses

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

Yes

Expenditures A - Compensation(\$)
\$8,333.32

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**



"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."

9201 Basil Court, Suite 155, Largo, Maryland 20774
MAIN (301) 883-3445 FAX (301) 883-3450 MD RELAY SERVICE 711