MARYLAND STATE ETHICS COMMISSION
45 Calvert Street, 3rd Floor
Annapolis, Maryland 21401
410-260-7770
Toll Free 1-877-669-6085

GENERAL LOBBYING ACTIVITY FORM (Form #4)

Read instructions carefully before completing this form. If you had reportable expenses or compensation during the reporting period, complete Parts A, B, C, D, E, F and G of the Activity Report. If you had no reportable compensation or expenses during the reporting period, but were registered to engage in lobbying, check here _______ and complete Parts A, E, F, and G. If additional forms are required for this employer, those forms should be attached to and made part of this filing.

Activity Report for reporting period: November 01, 2007 through April 30, 2008

*This Activity Report was completed by Sharon Demarest on behalf of Martha D. Nathanson

Termination Report: Yes _____ No __x__
Termination Date:

PART A Identification of Regulated Lobbyist (Registration and Employer)

A. 1) Identifying Information (complete all blanks, compare to registration form, and explain any differences)
   a) Name: Martha D. Nathanson
   b) Permanent Address (Include firm name if applicable): Firm Name: Lifebridge Health
      Address: 2401 W. Belvedere Avenue
      Baltimore, MD 21215
   c) Business telephone: 410-601-8645
      Cell phone:

A. 2) Identification of others required to register:
   a) Was any other person required to register as a lobbyist on behalf of the filer?
      Yes __x__ No _____
   b) If the answer to a) is "Yes", identify each such person below and give their name and address:
      Name: D. Robert Enten
      Address: 233 E. Redwood Street
      Baltimore, MD 21202
      Business Phone: 410-576-4114
      Email: denten@qfriaw.com
      Name: Timothy A Perry
      Address: 233 E. Redwood Street
      Baltimore, MD 21202
      Business Phone: 410-576-4227
      Email: tperry@qfriaw.com

A. 3) Identification of employer (complete only if registrant acts on behalf of another):
   a) Did you engage in lobbying activity on behalf of a person or entity other than yourself?
      Yes __x__ No _____
      Name: Lifebridge Health
      Permanent Address:
      Address: 2401 West Belvedere Avenue
      Baltimore, MD 21215-5271
      Business Telephone: 410-601-8645
      Nature of business: Hospital
      Website of employer:
b) Did you represent any other person or entity with regard to the matters covered by this registration?  
   Yes _____ No __x__

A. 4) Primary purpose of the organization:  
   Is your employer, or you if there was no employer, organized and operated for the primary purpose of attempting to influence any legislative or executive action?  
   Yes _____ No __x__

A. 5) Registration Information:  
   a) For what period of registration did you engage in lobbying activity for this employer, or for yourself if you did not have an employer?  
      November 01, 2007 to October 31, 2008
   b) What were the matters on which you or someone in your employ engaged in lobbying activity during the registration period covered by this report?  
      HEALTH CARE  
      TRAUMA CENTERS
   c) If known include the bill number(s) of the matter(s) on which you lobby  
      HB818; SB744; SB774; HB1395; SB916; HB1009; HB1417; HB204; HB1104; HB3(2007S1); SB6(2007S1)

A. 6) Did the employer claim the status of exempt employer on the registration form? If that exemption is no longer claimed or should be amended, please provide an explanation for the change in the field below.  
   Yes __x__ No _____
   If the exemption claimed differs from the registration form, please explain in writing:

PART B Compensation and Expenses  

B. 1) Did you provide any meals and beverages for officials or employees or their immediate families?  
   Yes _____ No __x__
   If yes, what was the exact amount?  
      B-1 $0.00

B. 2) Did you incur any expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized (for ethics purposes) county or regional delegation have received written invitations.  
   Yes _____ No __x__
   If yes, list date, location, group of invitees who benefited and total expenses for each event.  
      Total B-2 Expenses $0.00

B. 3) Did you incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?  
   Yes _____ No __x__
   If yes, list date, location, and total expense for each meeting. If the total amount in expenses on any one official or employee is $200 or more for any meeting, also include the person's name and the amount expended for the person at the meeting.  
      Total B-3 Expenses $0.00

B. 4) Did you incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?  
   Yes _____ No __x__
   If yes, list location, name of legislative organization, date and total expense for each meeting.  
      Total B-4 Expenses $0.00

B. 5) Did you incur any expense for a ticket or free admission to any members of the General Assembly to attend charitable, cultural or political events to which the event holder invited all members of a legislative unit?  
   Yes _____ No __x__
   If yes, list the name of the event, location, date, name of legislative unit and total expense for each event.  
      Total B-5 Expenses $0.00
B. 6) Did you give any gifts to or for officials or employees or their immediate families other than those that were reported in B-1 through B-5? (not including sums reported in B-1, B-2, B-3, B-4 and B-5)
Yes ___ No x
If yes, list the amount: B-6 $0.00

Subtotal of Items B-1 through B-6 - $0.00

B. 7) What was the total compensation paid to you, not including any sums reported in any other section of Part B of this report?
Was the amount prorated because you were compensated for services in addition to lobbying activities?
Yes x No 
B-7 $30,000.00

B. 8) What was the total for salaries, compensation and reimbursed expenses you paid to your staff related to lobbying services for this employer?
B-8 $11,625.00

B. 9) Did you incur any additional office expenses not reported in B-7 or B-8?
Yes x No 
If yes, list the amount: B-9 $951.64

B. 10) Did you incur any cost for professional and technical research and assistance not reported in B-7 or B-8?
Yes _____ No x
If yes, list the amount: B-10 $0.00

B. 11) Did you incur any expenses for publications or expenses related to expressly encouraging persons to communicate with officials or employees?
Yes _____ No x
If yes, list the amount: B-11 $0.00

B. 12) Did you pay any fees or incur any expenses for witnesses who were engaged to appear on behalf of your employer?
Yes _____ No x
If yes, list the name and amount for each.
Total B-12 Expenses $0.00

B. 13) Did you incur any other expenses for this employer not otherwise accounted for in this report? If yes, list the amount and provide an explanation.
Yes x No
If yes, list the amount: B-13 $22,907.87
Please provide an explanation:
Travel, parking, and fee paid to contract lobbyist
TOTAL $65,484.51

C. Did you give any gifts or participate in the giving of any gifts with a cumulative value of $75 or more? (Forms 13C and 13D, Section 15-704(c))
Yes ___ No x

D. Did you give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials? (Forms 13A and 13B, Section 15-705)
Yes _____ No x

E. Did you engage in any business transactions with officials during the reporting period? (Form 21, Section 15-706)
Yes x No 

F. During the reporting period, did you make any political contributions, either directly or indirectly, for the benefit of the Governor, Lt Governor, Attorney General, Comptroller member of the General Assembly or a candidate for election to any of those offices?
Yes x No 

Please provide any narrative that you may wish with regard to any of the figures or responses in the report:

PART G Signature and Oath
The Public Ethics Law provides the following:

(d) Development of electronic filing procedures. - The Ethics Commission shall develop procedures under which a statement under this subtitle may be filed electronically and without additional cost to the individual who files the statement.

(e) Oath or affirmation for electronically filed statements. - (1) If the Activity Form (Form #4) filed electronically under subsection (d) of this section is required to be made under oath or affirmation, the oath or affirmation shall be made by a signed statement that:
   i. is in the Activity Form (Form #4) or attached to and made part of the Activity Form (Form #4); and
   ii. is made expressly under the penalties for perjury.

(2) A signed statement made under paragraph (1) of this subsection subjects the individual making it to the penalties for perjury to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

   x. I have read and I understand that by submission of this electronically filed Activity Form (Form #4), I hereby swear or affirm that the information contained in it is complete and accurate to the best of my knowledge and belief.

   Date: 05/30/2008