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LOBBYIST FILING AGREEMENT

This Agreement, made this 19th day of June, 2006, by and between Paul Blackwood, lobbyist for Dimensions Healthcare System and Jill B. Martin, Esquire, who has been designated Staff Counsel for this matter by the Maryland State Ethics Commission (hereinafter the Staff Counsel).

RECITALS

The State Ethics Commission ("the Commission") is the executive agency of the State of Maryland established by Chapter 513, Acts of 1979 for the purpose of enforcing the Maryland Public Ethics Law (State Government Article, Title 15, Annotated Code of Maryland, hereinafter the Ethics Law) including the provisions of Subtitle 7, the lobbying disclosure program.

Paul Blackwood ("the filer") is an individual whose lobbying activities on behalf of Dimensions Healthcare System during the period of May 1, 2005 through October 31, 2005 required him to register as a lobbyist with the State Ethics Commission.

The filer did not timely register on behalf of the employer, Dimensions Healthcare System ("the employer") as required by the State Gov.Md.Code Ann., §15-703(d)(1)(Supp.2005).

The filer subsequently registered on February 21, 2006 for the period May 1, 2005 through October 31, 2005.

On June 21, 2005, the employer sponsored a special event for the Prince George's County Delegation at the Prince George's Hospital.

On September 15, 2005, the employer sponsored a special event for the Prince George's County Delegation at the Greenbelt, MD Marriott.

On September 20, 2005, the employer sponsored a special event for the House Appropriations Committee at the Prince George's Hospital.

On October 26, 2005, the employer sponsored a special event for the Prince George's County Delegation at the Laurel Regional Hospital.

On December 5, 2005, the filer submitted a lobbying activity report on behalf of the employer for the period May 1, 2005 through October 31, 2005; the filer reported expenditures of \$13,566.40 for the special events held on June 21, 2005, September 15, 2005, September 20, 2005 and October 26, 2005; and 5,000 in total compensation.

The filer did not file any of the required Form 13Es ("Five Day Notice") within 5 days of the special events or any required 13Fs ("Fourteen Day Report") for the special events within 14 days of the events, as required by the State Government Article, Section 15-708(d)(1) of the Ethics Law.

The filer subsequently filed a Fourteen Day Report for all four (4) events on January 9, 2006. The filer reported \$13,566.40 in total cost for the events.

The filer is voluntarily entering into this agreement to admit his failure to timely file a lobbyist registration and the Fourteen Day Reports with the Commission and to pay a sum of money in lieu of potential late filing fees pursuant to Section 15-405(d)(1) of the Ethics Law.

NOW THEREFORE, in consideration of the submission of the required lobbyist registration form by the filer on February 21, 2006 and the Fourteen Day Report on January 9, 2006, and the admissions and agreements herein contained, the filer and the Staff Counsel stipulate and agree as follows:

1. The filer did not timely file his lobbyist registration form on behalf of Dimensions HealthCare System for the period May 1, 2005 through October 31, 2005 as required by §15-703(d)(1) of the Ethics Law.

2. The filer reported his delinquency to the Commission on February 21, 2006 by filing his registration form (a copy of which has been attached hereto and made a part thereof).

3. The filer admits he did not timely file his Five Day Notices and Fourteen Day Reports on behalf of the special events hosted by Dimensions Healthcare System as required by §15-708(d)(1) of the Ethics Law.

4. The filer reported his delinquency to the Commission on January 9, 2006 by filing his Fourteen Day Report (a copy of which has been attached hereto and made a part thereof).

5. The filer understands that failure to comply with the lobbying disclosure provisions of the Ethics Law may subject him to a formal complaint by the Commission and, upon finding of a violation, late fees and the possibility of civil fines.

6. Based on the facts stated in this agreement the filer agrees to pay as settlement of the late filing matter, the amount of One Thousand Dollars (\$1000.00) at the time of the execution of this agreement in lieu of a potential late fee and in lieu of civil fines for the above admitted late registration statement and Fourteen Day Report (paragraphs 1 and 3).

7. The Staff Counsel will, upon execution of this Agreement by the filer recommend that the Commission not institute any proceedings on his failure to timely register and report. The filer understands that the Commission is under no obligation to accept this agreement and may decide to take other action, including issuing a complaint.

8. The filer waives a formal hearing on this matter (if the agreement is accepted by the Commission) to which he would be entitled if a complaint were issued, and he understands that this Agreement and materials relating to this matter are not subject to the confidentiality provisions of the Ethics law, and will be public information unless otherwise protected.

9. The filer understands a copy of this agreement will be mailed to his employer.

10. The filer and Staff Counsel have entered into this Agreement for the sole purpose of receiving the late submission of a lobbyist registration statement and the Fourteen Day Report and for the payment of late fees and other fines and for no other purpose.

IN WITNESS WHEREOF, Paul Blackwood and Jill B Martin, Staff Counsel, State Ethics Commission, have hereunto set their hands.

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

Jill B. Martin, Staff Counsel
State Ethics Commission
45 Calvert Street, 3rd Floor
Annapolis, MD 21401
(410) 260-7770

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

Paul Blackwood
Lobbyist
Dimensions Healthcare System

State of Maryland,
County of: Prince George's, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Paul Blackwood who made oath on this 19th day of June 2006, 2006 in due form of law that the matters and facts hereinabove set forth are true to the best of his knowledge, information and belief, and are his voluntary act and that he executed this document for the purpose set forth herein.

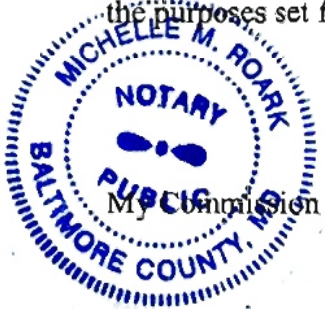
SIGNATURE APPEARS ON ORIGINAL AGREEMENT

Notary Public

My Commission Expires: July 1, 2008

State of Maryland,
County of: Baltimore, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Jill B. Martin, Staff Counsel to the State Ethics Commission, who made oath on this 20th day of June, 2006 in due form of law that she executed this agreement for the purposes set forth herein.



My Commission Expires: 8/01/06

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

[Signature]
Notary Public

Accepted by the Commission

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

[Signature]
Julian S. Lapidus, Chairman
for the Commission

Date: 6-29, 2006

MARYLAND STATE ETHICS COMMISSION

9 State Circle, Suite 200

Annapolis, MD 21401

410-974-2058 / Toll Free 1-877-669-6085

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LOBBYING REGISTRATION FORM (Form #3)

STATE ETHICS COMMISSION

PART A. GENERAL INFORMATION

Type of Registration (Check all appropriate blanks)

Legislative Action Lobbyist X

Executive Action Lobbyist X

Grass Roots Lobbyist _____

Non-Exempt Employer _____

Primary Purpose of Organization

Is the employer organization, or the registered organization if there is no employer, organized and operated for the primary purpose of attempting to influence any legislative or executive action? Yes _____ No X

Enclose the required registration fee of \$50 made payable to the State of Maryland.

CHECK OR MONEY ORDER NO. 727732

PART B. IDENTIFICATION OF REGISTRANT/REGULATED LOBBYIST

I. Identifying information (complete all blanks):

a) Name Paul J. Blackwood

b) Permanent address (Include firm name if applicable) Dimensions Healthcare System, 3001 Hospital Dr., Executive Office, Cheverly, MD. 20785

c) Business telephone (301) 583-4052 Do you want number on published lobbyist list? Yes ___ No X
Cell phone (optional) _____

d) Occupation or type of business (required) Hospital and healthcare services

e) E-Mail address (required) Paul.Blackwood@Dimensionshealth.org

f) II. Identification of others required to register:

a) Will any person be required to register as a lobbyist on behalf of the person or organization identified in section I? Yes X No _____

b) If the answer to a) is "yes," identify each such person below and give their name and address:

Bruce Bereano
191 Duke of Gloucester Street
Annapolis, Maryland 21401

Rifkin, Levitan, Silver
225 Duke of Gloucester Street
Annapolis, Maryland 21401

III. Identification of employer (complete only if registrant/regulated lobbyist acts on behalf of another; also have the employer complete Part D):

a) Identify all persons or organizations who compensate the registrant/regulated lobbyist for activities requiring this registration:

Name Dimensions Healthcare System

Permanent address: 3001 Hospital Dr., Executive Office, Cheverly, MD. 20785

Business telephone (301) 618-2109

Nature of Business Hospital and healthcare services

Identify any other person whom the registrant/regulated lobbyist will represent regarding the matters identified in this registration (if none, put in none) None

IV. Registration Information:

- a) State the period (include both beginning and ending month, day and year) for which this registration is effective: May 1, 2005 to October 31, 2006 ~~2005~~ **PSB**
- b) Identify the matters (including bill number if known) on which the registrant/regulated lobbyist expects to act or employ someone to act during the registration period. Legislation or regulations effecting Dimensions and/ or healthcare.

PART C. REGISTRANT'S/REGULATED LOBBYIST'S SIGNATURE

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

Name

1/19/06

Date

PART D. AUTHORIZATION TO ACT (to be completed by each person identified in Part B (III))

I. Authorization

I hereby certify that the information contained herein is correct and that Paul J. Blackwood is hereby authorized to act on behalf of Dimensions Healthcare System for the period set forth in Part B, section IV(a) and as to the matters set forth in Part B, section IV (b) herein unless this authority is terminated sooner.

II. Exemption Status of Employer (check one, either (a), (b) or (c))

- a) The employer does claim an exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by the above registrant/regulated lobbyist or other registrants/regulated lobbyists acting on its behalf, and the employer engages in no other lobbying activity that requires it to register and report.
- b) The employer does not claim an exemption from filing its own registration and activity reports. The above registrant/regulated lobbyist will report only expenditures and compensation regarding the above registrant's /regulated lobbyist's activity. A separate registration will be submitted by the employer listed in Part B(III).
- c) The employer does not claim an exemption from filing its own registration and reporting requirements based on the activities of the above registrant/regulated lobbyist. The above registrant/regulated lobbyist will report only expenditures and compensation regarding the above registrant's /regulated lobbyist's activity. However, the employer does claim an exemption from filing its own registration and reporting because another regulated lobbyist or lobbyists will report any other expenditures of the employer, and the employer will engage in no other activity that would require it to register or report.

SIGNATURE APPEARS ON ORIGINAL AGREEMENT

1/19/06

Date

Signature of Person Identified in Part B, Section III (b)

Date

G.T. Dunlop Ecker, President & CEO
Employer's Printed or Typed Signature

MARYLAND STATE ETHICS COMMISSION

9 State Circle, Suite 200
Annapolis, MD 21401
410-974-2068
Toll Free 1-877-669-6085

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REGULATED LOBBYIST MEAL OR RECEPTION
LEGISLATIVE UNIT - FOURTEEN DAY REPORT (Form #13F)

Regulated Lobbyists must file this report directly with the State Ethics Commission within 14 days after an event to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally designated regional (for ethics disclosure purposes) county or regional delegation received written invitations. If all of the required reporting information is not available, the regulated lobbyist should describe the nature of the event and estimate any expense not known. If this report is a full and accurate accounting of the activity, the regulated lobbyist is not to report it on the regular Lobbying Activity Report (Form #4). If this report does not include a full and accurate accounting, the event must be reported on the regular Lobbying Activity Report.

A. Name of Regulated Lobbyist or Entity (If There Is NO Individual Lobbyist):
PaulBlackwood

Name of Employer or Employers Supporting the Event:

Dimensions Healthcare System

B. List on the lines below the date and location of the event, the group of invitees (legislative units) and the total expenses for the event. If there was more than one sponsor, list the dollar share of each sponsor.

Annual Legislative Breakfast	6/21/2005	Prince George's Hospital	PG County Delegation	\$ 200.00
Annual Board Reception	9/15/2005	Greenbelt Marriott	PG County Delegation	\$13,268.40
Site Visit to PGHC	9/20/2005	Prince George's Hospital	Appropriations Committee	\$ 50.00
Briefing on LRH	10/26/2005	Laurel Regional Hospital	PG County Delegation	\$ 50.00

C. Is this a final full and accurate report or does it contain estimates?
 Final Estimates

D. If the expenses in Section B above are estimates, describe on the lines below what part of the total expenses are still to be finally determined.

I solemnly swear or affirm under the penalties of perjury that the contents of this report including any attachments thereto, are complete, true and correct to the best of my knowledge, information and belief.

[SEAL].

Signature of Person Filing: _____
Date: _____
Sworn to before me this _____ day of _____, 2006
Signature of Notary Public: _____
Printed/Typed Name of Notary Public: _____
My Commission Expires: _____

SIGNATURE APPEARS ON ORIGINAL AGREEMENT
12/5/05
5th day of January 2006
SIGNATURE APPEARS ON ORIGINAL AGREEMENT
January 5, 2006