

## LOBBYIST FILING AGREEMENT

This Agreement made this day of January 21, 2021 by and between Davion Percy, lobbyist for the employers listed below, and Katherine P. Thompson, Staff Counsel to the Maryland State Ethics Commission (hereinafter "Staff Counsel").

Employers: The Daily Record; Western Maryland Scenic Railroad; Regional Manufacturing Institute of Maryland; Consumer Healthcare Products Association; Association of Maryland Pilots; RMPB Enterprises, LLC; Gantech, Inc.; Doctors Community Hospital; Diamond Game; Sensus USA; Families for Education Improvement; Atlantic Richfield Company (ARCO); Potomac Valley Home Medical; Motorola Solutions, Inc.; Allegany Museum, Inc.; Gimbal, Inc.; Iron Flames Technologies, Inc.; National Psoriasis Foundation; Maryland Alliance of YMCA; City of Gaithersburg; Death with Dignity National Center; Workday; Mr. BioClean, Inc.; The Sherwin-Williams Company; Printing and Graphics Association MidAtlantic; National Cryptologic Museum Foundation (NCMF); Maryland Center for Legal Assistance, LLC; Alexander & Cleaver, P.A.

### 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 (General Provisions Article, Title 5, Annotated Code of Maryland, hereinafter the "Ethics Law") including the provisions of Subtitle 7, the lobbying disclosure program.

Davion Percy ("the filer"), is an individual whose lobbying activities on behalf of twenty-eight employers, ("the employers") for the period of May 1, 2020 to October 31, 2020, required him to register as a lobbyist with the Commission.

The filer was required to submit Lobbying Activity Reports by November 30, 2020 for the period of May 1, 2020 through October 31, 2020, as required by § 5-705(a)(1)(i) of the Ethics Law, and failed to submit the required reports in a timely manner.

On December 7, 2020, the filer submitted the delinquent Lobbying Activity Reports for the period of May 1, 2020 through October 31, 2020.

The filer is entering voluntarily into this Agreement to admit his failure to timely file Lobbying Activity Reports with the Commission and to pay a sum of money in lieu of potential late filing fees and other fines pursuant to § 5-405 of the Ethics Law.

**NOW THEREFORE**, in consideration of the submission of the required Lobbying Activity Reports by the filer on December 7, 2020, and the admissions and agreements herein contained, the filer and Staff Counsel stipulate and agree as follows:

1. The filer did not timely file his Lobbying Activity Reports on behalf of the employers for the period of May 1, 2020 to October 31, 2020, as required by § 5-705(a)(1)(i) of the Ethics Law.
2. The filer subsequently filed the required Lobbying Activity Reports with the Commission.
3. 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. The filer acknowledges that he has been advised that the filing deadlines for activity reports are May 31<sup>st</sup> for the period of November 1<sup>st</sup> to April 30<sup>th</sup> and November 30<sup>th</sup> for the period May 1<sup>st</sup> through October 31<sup>st</sup> if he is registered in those reporting periods. The filer also acknowledges that future late filed Lobbying Activity Reports could be viewed as knowing and willful violations of the Ethics Law.
4. Based on the facts stated in this Agreement, the filer agrees to pay as settlement of the late filing matters, the amount of TWO HUNDRED FIFTY and no/100 DOLLARS (\$250.00) at the time of the execution of this Agreement in lieu of potential late fees and in lieu of civil fines for the above admitted late Lobbying Activity Reports.
5. 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 file Lobbying Activity Reports. 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.
6. 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.
7. The filer understands that a copy of this Agreement will be provided to the employers.
8. The filer and the Staff Counsel have entered into this Agreement for the sole purpose of resolving the late submission of Lobbying Activity Reports and for the payment of late fees and other fines and for no other purpose.

IN WITNESS WHEREOF, Davion Percy, lobbyist, and Katherine P. Thompson, Staff Counsel to the State Ethics Commission, have hereunto set their hands.



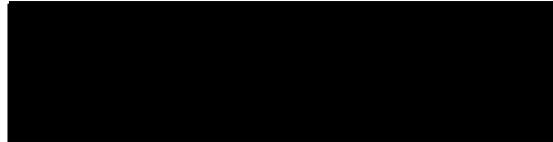
Katherine P. Thompson, Staff Counsel  
State Ethics Commission  
45 Calvert Street, 3<sup>rd</sup> Floor  
Annapolis, MD 21401  
(410) 260-7770



Davion Percy  
Lobbyist

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Accepted by the Commission



Janet E. McHugh, Chair  
for the Commission

Date: 1/21, 2021



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A001528** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                   |                            |
|--|----------------------------|
| Organization: <b>Daily Record, The</b>                   | Website:                   |
| Nature of Business: <b>Newspaper</b>                     | Phone: <b>443-524-8100</b> |
| Address: <b>200 St. Paul Place, Baltimore, MD, 21202</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description   |
|---|----------------|---|
| 1 | Other          | All executive and legislative business regarding newspaper matters. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$6,250.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$6,250.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

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#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

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Total Expenditures during Reporting Period:  
**\$6,250.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004129** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant  |   |
|---|---|
| Organization: <b>Western Maryland Scenic Railroad</b>                                       | Website: <b><a href="http://www.wmsr.com/">http://www.wmsr.com/</a></b> |
| Nature of Business: <b>Matters related to capital funding in areas in Western Maryland.</b> | Phone: <b>301-759-4400</b>  |
| Address: <b>705 St. Mary's Ave. , Cumberland, MD, 21502</b>                                 |   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description     |
|---|----------------|-----------------|
| 1 | Other          | Capital funding |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$2,500.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$2,500.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

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#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

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Total Expenditures during Reporting Period:  
**\$2,500.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Lobbying Registration

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **R001859** Submission Date: **11/04/19**

### Registrant Information

|  |                                     |
|--|-------------------------------------|
| <b>Individual Registrant</b>                           |                                     |
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

1. Are there any other individuals who are required to register on behalf of the registrant: Davion E. Percy?

Note: These individuals will still be required to submit their own registrations.

**No**

2. Are you in compliance with the mandatory training requirements of the Public Ethics Law?

**Yes, I certify that I am current in my training status.**

Date of most recent training:

**11/12/19**

### Employer Information

1. Identify the employer that compensates the registrant for lobbying activities under this registration.

|   |                                   |
|---|-----------------------------------|
| <b>Employer of Registrant</b>   |                                   |
| Organization: <b>Regional Manufacturing Institute of Maryland</b>                               | Website: <b>rmiofmaryland.com</b> |
| Nature of Business: <b>Matters related to Labor, Workforce Development, Tax and regulations</b> | Phone: <b>410-771-8111</b>        |
| Address: <b>936 Ridgebrook Road, Sparks , MD, 21152</b>   |                                   |

2. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes**

3. Is the employer organized for the primary purpose of attempting to influence any legislation or executive action?

**No**

4. In the course of representing this employer, will you also be representing other entities from which you will not be receiving compensation and are not required to register on their behalf?

**No**

### Lobbying Period & Purpose

1. Within a lobbying year, state the period for which this registration is effective. Include both a start and an end date.

Registration Period:

**Entire Lobbying Year: 11/1/2019-10/31/2020**

2. What type of lobbying registration are you seeking?

**Legislative Action, Executive Action, Grassroots**

3. Identify the subject matters on which the registrant expects to act, or employ someone to act during the registration period. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description          |
|---|----------------|----------------------|
| 1 | Other          | Labor and employment |

### Authorization to Lobby

The registrant is authorized to act on behalf of the employer identified above, for the period specified and as to the matters selected herein unless this authority is terminated sooner. This authorization has been granted by the representative disclosed below:

Name of Authorizer: **Mike Galiazzo**

Title: **President**

Email: **drmikeg@comcast.net**

Phone: **410-771-8111**

Address: **P.O. Box 476, Hunt Valley, MD, 21030**

### Affirmation Provision

I hereby make oath or affirm under the penalties of perjury that I am authorized to engage in lobbying activity on behalf of the employer: Regional Manufacturing Institute of Maryland, for the period specified and as to the matters selected herein, unless this authority is terminated sooner. This authorization has been granted to me by the representative: Mike Galiazzo. I acknowledge that my electronic signature subjects me to the penalties of perjury to the same extent as an oath or affirmation made before an individual authorized to administer oaths, and swear that the contents of this registration are complete and accurate to the best of my knowledge and belief.

E-signature: **Davion E. Percy 11/04/19**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A005877** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant  |                              |
|---|------------------------------|
| Organization: <b>Consumer Healthcare Products Association</b>                     | Website: <b>www.chpa.org</b> |
| Nature of Business: <b>Trade Association of over-the-counter drug regulations</b> | Phone: <b>202-429-9260</b>   |
| Address: <b>1625 Eye Street, N.W. Suite 600, Washington, DC, 20006</b>            |                              |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**01/15/20-10/31/20**

Activity Report:

**Activity Report 2/2**

Reporting Period:

**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description  |
|---|----------------|--|
| 1 | Other          | Matters related to over-the-counter drug regulations |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

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#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

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Total Expenditures during Reporting Period:

**\$0.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004153** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                     |                            |
|--|----------------------------|
| Organization: <b>Association of Maryland Pilots</b>        | Website:                   |
| Nature of Business: <b>Matters related to legislation</b>  | Phone: <b>410-276-1337</b> |
| Address: <b>3720 Dillion Street, Baltimore , MD, 21224</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                                    |
|---|----------------|--|
| 1 | Other          | Matters related to land issues and legislation |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$10,000.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$10,000.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:  
**\$10,000.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A006331** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                              |   |
|---|---|
| Organization: <b>RMPB Enterprises, LLC</b>          | Website: <b><a href="https://opencorporates.com/companies/us_md/W18474130">https://opencorporates.com/companies/us_md/W18474130</a></b> |
| Nature of Business: <b>Liquor Industry</b>          | Phone: <b>301-938-9246</b>  |
| Address: <b>3415 52nd Ave, Cheverly , MD, 20781</b> |   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**No**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/11/20-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter                    | Description |
|---|-----------------------------------|-------------|
| 1 | Alcoholic Beverages - Local Bills |             |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004157** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>Gantech, Inc.</b>   | Website:                   |
| Nature of Business: <b>MBE provider of tech support, design and system management for Government and others.</b> | Phone: <b>301-951-0150</b> |
| Address: <b>9175 Guilford Road, Columbia, MD, 21046</b>  |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description  |
|---|----------------|--|
| 1 | Other          | Matters related to tech support, design and system management for Government and others. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$5,833.34**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$5,833.34**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$5,833.34**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004159** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                   |   |
|--|---|
| Organization: <b>Doctors Community Hospital</b>          | Website: <b><a href="https://www.dchweb.org/">https://www.dchweb.org/</a></b> |
| Nature of Business: <b>Matters related to healthcare</b> | Phone: <b>301-552-0899</b>  |
| Address: <b>8118 Good Luck Road, Lanham , MD, 20706</b>  |   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                   |
|---|----------------|-------------------------------|
| 1 | Other          | matters related to healthcare |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$7,666.66**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$7,666.66**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$7,666.66**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004155** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant  |   |
|---|---|
| Organization: <b>Diamond Game</b>                             | Website: <b>http://www.diamondgame.com/</b> |
| Nature of Business: <b>Matters related to gaming machines</b> | Phone: <b>818-727-1690</b>                  |
| Address: <b>9340 Penfield Avenue, Chatsworth , CA, 91311</b>  |   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                        |
|---|----------------|------------------------------------|
| 1 | Other          | Matters related to gaming machines |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$7,600.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$7,600.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:  
**\$7,600.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004125** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                |
|--|--------------------------------|
| Organization: <b>Sensus USA</b>                                    | Website: <b>www.sensus.com</b> |
| Nature of Business: <b>IT Consulting</b>                           | Phone: <b>215-262-1488</b>     |
| Address: <b>8601 Six Forks Road, Suite 700, Raleigh, NC, 27615</b> |                                |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                |
|---|----------------|----------------------------|
| 1 | Other          | Public Utility Procurement |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004123** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>Families for Education Improvement</b>          | Website:                   |
| Nature of Business: <b>Non-Profit Advocacy Group</b>             | Phone: <b>240-535-5495</b> |
| Address: <b>5006 Crape Myrtle Court, Ellicot City, MD, 21042</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**11/01/19-10/31/20**

Activity Report:

**Activity Report 2/2**

Reporting Period:

**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                         |
|---|----------------|-------------------------------------|
| 1 | Other          | Matters related to education policy |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A001544** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                     |                            |
|--|----------------------------|
| Organization: <b>Atlantic Richfield Company (ARCO)</b>     | Website:                   |
| Nature of Business: <b>Environmental Management</b>        | Phone: <b>281-366-3704</b> |
| Address: <b>200 Westlake Park Blvd, Houston, TX, 77079</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**11/01/19-10/31/20**

Activity Report:

**Activity Report 2/2**

Reporting Period:

**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                   |
|---|----------------|-------------------------------|
| 1 | Other          | Matters related to lead paint |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004137** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                     |
|--|-------------------------------------|
| Organization: <b>Potomac Valley Home Medical</b>                           | Website: : <b>http://pvhmr.com/</b> |
| Nature of Business: <b>Matters related to medical equipment and supply</b> | Phone: <b>301-772-6300</b>          |
| Address: <b>505 N Centre St., Cumberland, MD, 21502</b>                    |                                     |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                                     |
|---|----------------|---|
| 1 | Other          | Matters related to medical equipment and supply |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$4,000.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$4,000.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$4,000.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004149** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                       |
|--|---------------------------------------|
| Organization: <b>Motorola Solutions, Inc.</b>                        | Website: <b>motorolasolutions.com</b> |
| Nature of Business: <b>Information Technology and Communications</b> | Phone: <b>847-538-1955</b>            |
| Address: <b>500 W. Monroe Street, 43rd Floor, Chicago, IL, 60661</b> |                                       |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description  |
|---|----------------|--|
| 1 | Other          | Matters related to mission critical communications |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$8,000.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$8,000.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:  
**\$8,000.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A001270** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                 |                            |
|--|----------------------------|
| Organization: <b>Allegany Museum, Inc.</b>             | Website:                   |
| Nature of Business: <b>Non-Profit museum</b>           | Phone: <b>301-724-4339</b> |
| Address: <b>19 Forest Drive, Cumberland, MD, 21502</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                                  |
|---|----------------|--|
| 1 | Other          | Funding, capital bond bills, funding issues. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$1,250.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$1,250.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$1,250.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A006781** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                |
|--|--------------------------------|
| Organization: <b>Gimbal, Inc.</b>  | Website: <b>www.gimbal.com</b> |
| Nature of Business: <b>Mobile advertising, location solutions, and data company.</b> | Phone: <b>301-221-6013</b>     |
| Address: <b>360 E 2nd Street, #350, Los Angeles, CA, 90012</b>                       |                                |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**05/01/20-10/31/20**

Activity Report:  
**Activity Report 1/1**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter                 | Description   |
|---|--------------------------------|---|
| 1 | State Government - Procurement | Procurement contracts for tracing technologies relating to COVID-19 response efforts and mitigation |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?

**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**Lobbied the executive branch on COVID related contact tracing technology**

Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?

**No**

## Part B. Compensation and Operating Expenditures

Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$8,333.33**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$8,333.33**

## Part C. Event Expenditures

Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$8,333.33**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004119** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant  |                                       |
|---|---------------------------------------|
| Organization: <b>Iron Flames Technologies, Inc.</b>                       | Website: <b>www.ironflametech.com</b> |
| Nature of Business: <b>IT, Renewable Energy, Telecommunications</b>       | Phone: <b>443-808-1049</b>            |
| Address: <b>100 International Drive, Suite 2300, Baltimore, MD, 21202</b> |                                       |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                           |
|---|----------------|---------------------------------------|
| 1 | Other          | Procurement and relationship building |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A006457** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                    |                                   |
|---|-----------------------------------|
| Organization: <b>National Psoriasis Foundation</b>        | Website: <b>www.psoriasis.org</b> |
| Nature of Business: <b>National Psoriasis Foundation</b>  | Phone: <b>503-244-7404</b>        |
| Address: <b>1800 Diagonal Road, Alexandria, VA, 22314</b> |                                   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/20/20-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter     | Description |
|---|--------------------|-------------|
| 1 | Health Occupations |             |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004151** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>Maryland Alliance of YMCA</b>                 | Website:                   |
| Nature of Business: <b>Non-profit community service</b>        | Phone: <b>443-322-8020</b> |
| Address: <b>303 W. Chesapeake Avenue, Baltimore, MD, 21204</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description   |
|---|----------------|---|
| 1 | Other          | Legislative, budget and committee actions of interest to the Coalition. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$4,833.32**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$4,833.32**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$4,833.32**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A001472** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>City of Gaithersburg</b>                        | Website:                   |
| Nature of Business: <b>City</b>                                  | Phone: <b>301-258-6310</b> |
| Address: <b>301 South Summit Avenue, Gaithersburg, MD, 20877</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                                 |
|---|----------------|---|
| 1 | Other          | Budget, transportation, general legislative |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$5,166.66**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$5,166.66**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$5,166.66**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A001500** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                  |  |
|---|--|
| Organization: <b>Death with Dignity National Center</b> | Website: <b>www.deathwithdignity.org</b> |
| Nature of Business: <b>Non-prodit advocacy group</b>    | Phone: <b>503-288-4415</b>               |
| Address: <b>520 SW 6th Avenue, Portland, OR, 97204</b>  |  |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**11/01/19-10/31/20**

Activity Report:

**Activity Report 2/2**

Reporting Period:

**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                 |
|---|----------------|-----------------------------|
| 1 | Other          | Physician assisted suicide. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004135** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>Workday</b>                                       | Website:                   |
| Nature of Business: <b>IT</b>                                      | Phone: <b>240-398-8527</b> |
| Address: <b>6230 Stonebridge Mall Drive, Pleasanton, CA, 94588</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                               |
|---|----------------|---|
| 1 | Other          | Matters related to information technology |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$8,000.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$8,000.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:  
**\$8,000.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A006815** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                    |
|--|------------------------------------|
| Organization: <b>Mr. BioClean, Inc.</b>                                    | Website: <b>www.mrbioclean.com</b> |
| Nature of Business: <b>Commercial and Residential Disinfection Service</b> | Phone: <b>202-779-8359</b>         |
| Address: <b>824 S. Utah Street, Arlington, VA, 22204</b>                   |                                    |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**05/18/20-10/31/20**

Activity Report:  
**Activity Report 1/1**

Reporting Period:  
**05/18/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                         |
|---|----------------|-------------------------------------|
| 1 | Other          | State and local procurement matters |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?

**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**Lobbied executive branch regarding COVID-related decontamination and sanitation services.**

Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?

**No**

## Part B. Compensation and Operating Expenditures

Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$6,000.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$6,000.00**

## Part C. Event Expenditures

Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

---

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$6,000.00**

---

### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004133** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |   |
|--|---|
| Organization: <b>Sherwin-Williams Company, The</b>                 | Website: <b><a href="https://www.sherwin-williams.com/">https://www.sherwin-williams.com/</a></b> |
| Nature of Business: <b>Matters related to lead paint services</b>  | Phone: <b>412-322-2923</b>  |
| Address: <b>500 Grant Street, Suite 4500, Pittsburg, PA, 15219</b> |   |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                                |
|---|----------------|--|
| 1 | Other          | Matters related to lead paint and services |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$0.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004127** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                                |
|--|--------------------------------|
| Organization: <b>Printing and Graphics Association MidAtlantic</b> | Website: <b>www. pgama.com</b> |
| Nature of Business: <b>Trade Association</b>                       | Phone: <b>410-319-0900</b>     |
| Address: <b>9685 Gerwig Lane, Columbia, MD, 21046</b>              |                                |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description   |
|---|----------------|---|
| 1 | Other          | Matters pertaining to printing and graphics industry. |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$6,400.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$6,400.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$6,400.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004145** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>National Cryptologic Museum Foundation (NCMF)</b> | Website:                   |
| Nature of Business: <b>Non-profit organization</b>                 | Phone: <b>443-795-4498</b> |
| Address: <b>P.O. Box 1563, Millersville, MD, 21108</b>             |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**11/01/19-10/31/20**

Activity Report:

**Activity Report 2/2**

Reporting Period:

**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                          |
|---|----------------|--------------------------------------|
| 1 | Other          | Matters related to national security |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$6,166.66**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$6,166.66**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

---

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

---

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

---

Total Expenditures during Reporting Period:

**\$6,166.66**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A004147** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant   |                            |
|--|----------------------------|
| Organization: <b>Maryland Center for Legal Assistance, LLC</b> | Website:                   |
| Nature of Business: <b>Non-Profit orgainization</b>            | Phone: <b>410-260-2526</b> |
| Address: <b>903 Commerce Road, Annapolis, MD, 21401</b>        |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**11/01/19-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description                              |
|---|----------------|--|
| 1 | Other          | Matters related to legal aid, non profit |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$1,900.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$1,900.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

---

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

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#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

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Total Expenditures during Reporting Period:

**\$1,900.00**

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### **Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A006134** Submission Date: **12/07/20**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

| Individual Registrant                                  |                                     |
|--|-------------------------------------|
| Name of Registrant: <b>Davion Percy</b>                | Business Phone: <b>410-974-9000</b> |
| Organization: <b>Alexander &amp; Cleaver</b>           | Cell Phone: <b>301-257-7241</b>     |
| Address: <b>54 State Circle , Annapolis, MD, 21401</b> |                                     |

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Davion Percy

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

| Employer of Registrant                                |                            |
|---|----------------------------|
| Organization: <b>Alexander &amp; Cleaver, P.A.</b>    | Website:                   |
| Nature of Business: <b>Law Firm</b>                   | Phone: <b>410-974-9000</b> |
| Address: <b>54 State Circle, Annapolis, MD, 21401</b> |                            |

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/04/20-10/31/20**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/20-10/31/20**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

| # | Subject Matter | Description |
|---|----------------|-------------|
| 1 | Other          | Lobbying    |

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**No**

#### Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

### Part B. Compensation and Operating Expenditures

#### Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$0.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

#### Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

Part B. Total Compensation & Operating Expenses:

**\$0.00**

### Part C. Event Expenditures

#### Sponsored Events

C1. Did you or your employer incur 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 county or regional delegation have received written invitations.

**No**

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

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### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer 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?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

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#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

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### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

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#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?

**No**

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Total Expenditures during Reporting Period:

**\$0.00**

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I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Davion E. Percy**

Date Signed: **12/07/2020**