Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

~

1

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SECRETARY OF THE SENATE

03 SEP -3 PM 2: 12

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

	•				
The National Group, L.L.P.					
2. Address					
818 Connecticut Avenue, NW, Suite 1100					
3. Principal Place of Business (if different from line 2)					
	20006				
City: State/zip 4. Contact Name Telephone	p (or Country) E-mail (optional) 5. Senate ID #				
John Blount (202) 466-3774	(de090)				
7. Client Name 🔲 Self	6. House ID #				
University of North Te	X718				
9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report Termination					
INCOME OR EXPENSES - Complete Either	er Line 12 OR Line 13				
12. Lobbying Firms	13. Organizations				
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this report period were:				
Less than \$10,000 🔲	Less than \$10,000 🗖				
\$10,000 or more \$\sqrt{5} \\$ \\$\sqrt{80,000}	\$10,000 or more				
Income (nearest \$20,000)	Expenses (nearest \$20,000)				
Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Check box to indicate exp				
Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	14. REPORTING METHOD. Check box to indicate expaccounting method. See instructions for description of op-				
■ <u> </u>	14. REPORTING METHOD. Check box to indicate expaccounting method. See instructions for description of op Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 60330				



Registrant Name The National Group, L.L.P. Client	Name University of North		
LOBBYING ACTIVITY. Select as many codes as nece engaged in lobbying on behalf of the client during the repoint information as requested. Attach additional page(s) as needed 15. General issue area code (one per page)	orting period. Using a separate page for each coc		
16. Specific lobbying issues			
Agriculture Appropriation va HuD Appropriation Omnibus Appropriation	BBIII FYOY SBIII FYOY YS BIII FYOY		
17. House(s) of Congress and Federal agencies contacted	☐ Check if None		
House Serate			
18. Name of each individual who acted as a lobbyist in this i	ssue area		
Name	Covered Official Position (if applicable)		
John Blount	Partner		
Vincent Verszge	Partner		
Bill Odaker	Partner		
Frank Godfrey	Partner		
Lisa Turner	Associate		
	, (
19. Interest of each foreign entity in the specific issues listed on	a line 16 above		
1//////	alika		
Signature Signature	7 Date 8/1/03		

Registrant Name 🔔	The National Group	, L.L.P.	_ Client Name	Universi	ty of Nort	
nformation Up	odate Page - Com	plete ONL	Y where registrat	ion information	has changed.	
20. Client new address						
21. Client new principa	l place of business (if diff	erent from line	20)			
City			State/Zip (or G	Country)	•••••••••••••••••••••••••••••••••••••••	
22. New general descri	ption of client's business	or activites				
LOBBYIST UPI 23. Name of each p		ndividual wh	no is no longer ex	pected to act as	a lobbyist for the clien	
•	• •		_			
TOCKET TIPE LONG			<u></u>			
ISSUE UPDATE 24. General lobbyi	; ng issues previously i	reported tha	t no longer pertai	ם		
			 .			
AFFILIATED O	RGANIZATIONS		····			
	ing affiliated organiza					
Name			Address		Principal Place of Bus (city and state or cour	
		<u></u>			•	
26. Name of each p	previously reported or	rganization	that is no longer a	iffiliated with the	e registrant or client	
FOREIGN ENT	TTIES			·		
····	ing foreign entities	11			4	
Name	A	.ddress	Principal (city and	place of business state or country)	Amount of contribution for lobbying activities	
***************************************		***************************************				
8. Name of each prev affiliated organizat		entity that n	o longer owns, <u>or</u> o	controls, <u>or</u> is affil	iated with the registrant,	
1/	Mal	/				
signature	11/1/	NST		Date _	81103	
	Vimen	-KIPY	STOP I	>~~~	· ·	
Printed Name and Titl	e Filing #035f64a0-1ee0-	44ce-855c-e	02a14d8645e - Pag	e 5 of 6	II <u> </u>	

Page _____