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LOBBYING REPORT

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

1. Registrant Name
BERGSON & COMPANY

2. Address Check if different than previously reported
190 FALCON RIDGE RD GREAT FALLS VA 22066

3. Principal Place of Business (if different from line 2)
City: _____ State/Zip (or Country) _____

| | | | |
|---|----------------------------------|---|----------|
| 4. Contact Name <u>PAUL C. BERGSON</u> | Telephone <u>703-757-9270</u> | E-mail (optional) <u>BERGSTR@EROLS.COM</u> | 5. Senat |
| 7. Client Name <input type="checkbox"/> Self <u>NATIONAL REHABILITATION HOSPITAL</u> | 6. House <u>313</u> | | |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lo

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 20,000
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 activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for t period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____ Expenses (\$

14. REPORTING METHOD. Check box to i accounting method. See instructions for descrip

Method A. Reporting amounts using LDA

Method B. Reporting amounts under secti Internal Revenue Code

Method C. Reporting amounts under secti Internal Revenue Code

P. Bergson

Signature *Paul C. Bergeson*

Printed Name and Title PAUL C. BERGESON, PRESIDENT

LD-2 (REV. 6/98)

Registrant Name BERGSON & COMPANY Client Name MARIE REIMS HOSPITAL

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which you were engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each general issue area as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>PAUL C. BERGSON</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

P. C. Bergson

Date 2/27/04

Signature _____

Printed Name and Title PAUL C. BERGSON, PRESIDENT

Form LD-2 (Rev. 6/98)

Registrant Name BERGSON & COMPANY Client Name MAYE REYNOLDS HOSPITAL

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which you were engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each general issue area as requested. Attach additional page(s) as needed.

15. General issue area code DEF (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>PAUL C. BERGSON</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Paul C. Bergson

Date 2/17/10

Signature 

Printed Name and Title PAUL C. BERGSON, PRESIDENT

Form LD-2 (Rev. 6/98)

Registrant Name BERGSON & COMPANY Client Name NAVY RENOVATION HOSPITAL

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which you were engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each general issue area as requested. Attach additional page(s) as needed.

15. General issue area code VET (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>PAUL C. BERGSON</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Paul C. Bergson

Signature *Paul C. Belgson*

Printed Name and Title PAUL C. BELGSON, PRESIDENT

Form LD-2 (Rev. 6/98)