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SECRETARY OF THE SENATE  
PUBLIC RECORDS

8/20/04  
DATE

## LOBBYING REPORT

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

1. Registrant Name <b>The Petrizzo Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>444 North Capitol Street, NW, Suite 535</b>			
3. Principal Place of Business (if different from line 2) <b>Washington</b> <b>D.C. 20001</b> City: State/zip (or Country)			
4. Contact Name <b>Thomas "T.J." Petrizzo</b>	Telephone <b>(202) 347-3898</b>	E-mail (optional) <b>tj@petrizzogroup.com</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Children's Hospital and Regional Medical Center</b>			6. House ID # <b>34938013</b>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>\$60,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature

*Blair M. Jones*

Date 8/9/2004

Printed Name and Title

Chris Long - Vice President

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name The Petrizzo Group Client Name Children's Hospital and Regional Medical Cent

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

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

16. Specific lobbying issues

State Children's Health Insurance Program (SCHIP)  
 Center for Pediatric Bioethics / FY05 Appropriations  
 HR4578 Children's Hospital Education Equity and Research (CHEER) Act of 2004

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

House and Senate

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

Name	Covered Official Position (if applicable)
Thomas "T.J." Petrizzo	
Chris Long	
Josh Mathis	
Kerry Fennelly	
Kara Kennedy	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_ Date 8/9/2004

Printed Name and Title \_\_\_\_\_

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Page \_\_\_\_\_

Registrant Name The Petrizzo Group Client Name Children's Hospital and Regional Medical

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Shay Hancock

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization

Signature \_\_\_\_\_ Date 8/9/2004

Printed Name and Title \_\_\_\_\_

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