

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

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY

05 FEB 15 PM

LOBBYING REPORT

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

1. Registrant Name <u>The Washington ^{CAPITAL} Group, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1701 K ST. NW, STE 380</u>			
3. Principal Place of Business (if different from line 2) City: <u>WASHINGTON, DC</u> State/Zip (or Country): <u>DC 20006-1522</u>			
4. Contact Name <u>John H. Forehand, III</u>	Telephone	E-mail (optional) <u>202-223-1103</u>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>Smith & Nephew, Inc.</u>			6. House ID #

TYPE OF REPORT8. 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 Activity **INCOME OR EXPENSES – Complete Either 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 reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate the accounting method. See instruction for description of method.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code.

Signature _____

Printed Name and Title John H. Forehand, III, PRINCIPALDate: 1-20

Registrant Name The Washington ^{CAPITAL} Group Inc. Client Name Smith & nephew, Inc.

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

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

16. Specific lobbying issues

Health care related product issues.

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

US House of Representatives
 US Senate
 Dept. of Health & Human Services, and health care related agencies.

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

Name	Covered Official Position (if applicable)	New
John H. Forehand III		<input type="checkbox"/>
Paul Looney		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date 1-7-05

Printed Name and Title John H. Forehand, III. .. PRINCIPAL_____.

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Registrant Name The Washington ^{CAPITAL} Group Inc., Client Name Smith & Nephew, Inc.

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

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 Bus (City and state or cou
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26. Name of each previously reported organizations 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	Own Perc Clie
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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 1/7/05

Printed Name and Title John H. Forehand, III PRINCIPAL _____

Form LD-2 (Rev. 6/98)

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