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LOBBYING REPORT

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

1. Registrant Name <u>The Petrizzo Group, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>444 NORTH CAPITOL ST. NW, Suite 535</u>			
3. Principal Place of Business (if different from line 2) City: <u>WASHINGTON</u> State/Zip (or Country) <u>D.C. 20001</u>			
4. Contact Name <u>T.J. Petrizzo</u>	Telephone <u>202-347-3898</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>Group Health Cooperative</u>			6. House ID # <u>34938</u>


TYPE OF REPORT 8. Year 2002 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>12. Lobbying Firms</p> <p>INCOME 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</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>13. Organizations</p> <p>EXPENSES 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>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature 

T.J. Petrizzo, President

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Printed Name and Title THOMAS J. U. TEIKIWA, PRESIDENT

LD-2 (REV. 6/98)

PAGE

Registrant Name The Petrizzo Group Client Name Group Health Coopera

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

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

16. Specific lobbying issues

Medicare plus Choice legislation

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
<u>Thomas "T.J." Petrizzo</u>	
<u>Kara Kennedy</u>	
<u>Shay Hancock</u>	
<u>Scott Lane</u>	

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

Signature [Signature] Date 8-8-02

Printed Name and Title Thomas "T.J." Petrizzo, President

