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Legislative Resource Center  
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Washington, DC 20510

SECRETARY OF  
04 AUG 16

## LOBBYING REPORT

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

1. Registrant Name J. Mihcael Hudson      The Health Policy Group, L.L.C.			
2. Address <input type="checkbox"/> Check if different than previously reported 438 New Jersey Ave. S.E. Suite B			
3. Principal Place of Business (if different from line 2) City: Washington, D.C.      State/Zip (or Country) 20003			
4. Contact Name J. Michael Hudson	Telephone 202-547-0780	E-mail (optional)	5. Senate ID
7. Client Name <input type="checkbox"/> Self CorSolutions, Inc.			6. House ID 3271000

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

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

12. Lobbying Firms	13. Organizations
<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 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><b>EXPENSES</b> relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>

Signature 

Printed Name and Title J. Michael Hudson Senior Partner

LD-2 (REV. 6/98)

Registrant Name J. Michael Hudson Client Name CorSolutions, Inc.

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

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

16. Specific lobbying issues  
Technical issues regarding disease management

17. House(s) of Congress and Federal agencies contacted  Check if None  
Centers for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
J. Michael Hudson	
Manda Wong	

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

Signature J. Michael Hudson Date 8/12/07

Printed Name and Title J. Michael Hudson Senior Partner

Form LD-2 (Rev.6/98)

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