

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
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## LOBBYING REPORT

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

1. Registrant name			
Organization	The Outlaw Group		
2. Address <input type="checkbox"/> Check if different than previously reported			
513 Franklin Street			
City	Alexandria	State	VA
Zip Code	22314	Country	U
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Deborah Outlaw	(703)819-7783	DeborahOutlaw@comcast.net
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
National Vision Rehabilitation Association			46095-
			6. House ID #
			343840

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

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 Activities

### 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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exact accounting method. See instructions for description of options.</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(b) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>

Form

Printed Name and Title Deborah Outlaw, Principal

Hudson 2/10/05

Registrant Name The Outlaw Group Client Name National Vision Rehabilitation Assc

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Implementation of a demonstration project for vision rehabilitation services; reimbursement issues related to vision rehabilitation

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

House  
Senate  
CMS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists fo*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Deborah	Outlaw		
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19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

*Add a page for a dif.*

Printed Name and Title Deborah Outlaw, Principal

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LD-2DS (REV/03)

*W. Outlaw 2/10/08*

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