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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name The National Group			
2. Address <input type="checkbox"/> Check if different than previously reported 818 Connecticut Avenue, NW, Suite 1100			
3. Principal Place of Business (if different from line 2) Washington DC City: _____ State/zip (or Country): _____			
4. Contact Name Vincent Versage	Telephone (202) 496-3441	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Wesleyan College			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec)

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>36,000.00</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</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(c) Internal Revenue Code</p>
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Signature VV Versage Date 7/28/05

Printed Name and Title Vincent Versage, Partner

LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name The National Group Client Name _____

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

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

16. Specific lobbying issues

VA HUD Approps. Bill
Labor HHS Approps. Bill

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)
Vincent Versage	Partners
Frank Godfrey	
John Blount	
William Aldaker	
Valerie Osborne	Partner

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page _____

Registrant Name The National Group Client Name _____

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 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 _____

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page _____