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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 OF

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## **LOBBYING REPORT**

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

1. Registrant name				
Jefferson Consulting Group, LLC				
2. Address Check if different than previously reported				
1401 K Street, N.W.	Suite 900			
Washington D	C 20005	US#		
3. Principal place of business (if different than line 2)				
***************************************	p or Country			
4a. Contact Name b. Telephone number	c. E-mail	5. Senate ID#		
	cano@jeffersonconsulting.co	4782-710		
7. Client Name Self  AMS		6. House ID# 34504047		
TYPE OF PERODO 2005		<u> </u>		
TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 3). Check if this filing amends a previously filed version of this report				
10. Check if this is a Termination Report ☐ ⇒ Termination Date	_	11 No Labbrica Activ		
•	<u> </u>	11. No Lobbying Activ		
INCOME OR EXPENSES - Complete Either Line 12 OR Line 13				
12. Lobbying Firms	13. Organ	izations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying active were:	tivities for this reporting		
Less than \$10,000 🗷	Less than \$10,000			
\$10,000 or more	\$10,000 or more	_		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate exper accounting method. See instructions for description of optio			
payments to the registrant by any other entity for lobbying	Method A. Reporting amoun	ts using LDA definitions on		
activities on behalf of the client).	Method B. Reporting amoun Internal Revenue	ts under section 6033(b)(8) Code		
	Method C. Reporting amoun Revenue Code	ts under section 162(e) of th		
		Edit >		
Signature MMM MUCK	Date <b>&amp;</b>	3.15.08		
Printed Name and Title Pamela Trucano, Executive Assista	ant			

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	Name	Covered Official Position (if applicable
Kathy	Conrad	
Robert	Thompson	
Julia	Susman	
Alexandra	Fielding	
Marilynn	Booth	
19. Interest of	each foreign entity in the specific is:	sues listed on line 16 above Check if None

Client Name \_AMS

Check if None

(one per page)

LOBBYINGACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the rengaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code

Registrant Name \_\_\_\_\_\_Jefferson Consulting Group, LLC

15. General issue area code

16. Specific lobbying issues

Financial Management Revenue Collection

information as requested. Attach additional page(s) as needed.

17. House(s) of Congress and Federal agencies contacted

Department of Veterans Affairs, House

VET - Veterans

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Registrant NameJefferson (	Consulting Group, LLC	Client Name AMS		
<b>Information Update</b>	Page - Complete ON	LY where registration infor	mation has changed.	
20. Client new address				
21. Client new principal pl	ace of business (if different t	han line 20)		
City	S	state/Zip		
	n of client's business or activ	rities		
LOBBYIST UPDATE 23. Name of each previo		ho is <b>no longer</b> expected to act	as a lobbyist for the client	
Marilynn Bo	oth			
ISSUE UPDATE				
24. General lobbying issu	ies that <b>no longer</b> pertain			
AFFILIATED ORGA				
25. Add the following aff	iliated organization(s)	т	District CD 1	
Name		Address	Principal place of Business (city and state or country	
26 Name of each previous	Isly reported organization	that is <b>no longer</b> affiliated with	the registrant or client	
20. Name of each previous	asiy reported organization	mat is no longer armated with	me registrant of chefit	
FOREIGN ENTITIES 27. Add the following for				
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities Client	
28. Name of each previous affiliated organization	y reported foreign entity that	t no longer owns, or controls, or is	s affiliated with the registrant, c	
Signature MM	My Tuc	Date _	8.15.05	
Printed Name and Title <b>E</b>	amela Trucano, Execu	ıtıve Assistant		

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