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LOBBYING REPORT

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

1. Registrant Name Carmen Group, Inc.			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported Address 1301 K Street, NW Suite 800 East City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Michael E. Russell	Telephone 202-785-0500	E-mail (optional)	5. Senate ID # 8316-1255
7. Client Name <input type="checkbox"/> Self Ottawa Community Hospital			6. House ID # 32029092

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

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date 9/30/2003 11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>\$20,000.00</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>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 \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p>

Signature  _____ Date 2/13/2004

Printed Name and Title Michael E. Russell - Chief Financial Officer _____ Page

Registrant Name: Carmen Group, Inc.

Client Name: Ottawa Community Hospital

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

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


16. Specific Lobbying issues
Rural Health/Medicare Bill
Metropolitan statistical area classification under Medicare

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Health & Human Services
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Carmen, David	
Hampton, Greg	Dpty Asst.Secty., Office Asst. Secty. Legislation
Keene, David	
Way, Kathryn	

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

Signature  Date 2/13/2004

Printed Name and Title Michael E. Russell - Chief Financial Officer Pa

Registrant Name: Carmen Group, Inc.

Client Name: Ottawa Community Hospital

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

Demske, Amy

Way, Kathryn

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 **2/13/2004**

Printed Name and Title **Michael E. Russell - Chief Financial Officer** Pa