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LOBBYING REPORT

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

1. Registrant Name			
US Strategies			
2. Address Check if different than pre	viously reported		
1055 North Fairfax Street, Suite	201		
3. Principal Place of Business (if different fror	n line 2)		
City: Alexandria		p (or Country) VA 22314	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
Brad Traverse	(703) 739-7999	bradt@usstrategies	.com 3882
7. Client Name Self			6. House ID#
National Association of Community Health Centers			3321
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O. Check if this filing amends a previous of the control of the co	ort 🗖 🗢 Termination I	Date	11. No Lobbying
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0. Check if this is a Termination Rep INCOME OR EXPENSE 12. Lobbying Fi INCOME relating to lobbying activit period was: Less than \$10,000 □ \$10,000 or more □ ⇔ \$	S - Complete Either rms ies for this reporting \$20,000.00 come (nearest \$20,000) to the nearest \$20,000, the client (including all	Line 12 OR Line 13 13. Org EXPENSES relating to lobbying period were: Less than \$10,000 \$10,000 or more \$\$\sigma\$\$ \$\$\square\$\$ 14. REPORTING METHOD. accounting method. See instruc	ganizations ng activities for this rep Expenses (nearest \$20,0) Check box to indicate tions for description of unts using LDA definitions under section 603

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Olkiminic C		
Printed Name and Title	Brad Traverse, Vice President	
LD-2 (REV. 6/98)		

P.

Registrant Name	US Strategies	_ Client Name_	National Association of Community Health Center
engaged in lobbyin	IVITY. Select as many codes g on behalf of the client during tested. Attach additional page(the reporting pe	reflect the general issue areas in which the reeriod. Using a separate page for each code,
15. General issue a	area code HCR (one p	er page)	
16. Specific lobby	ing issues		
HR 1377 Medica	CHA Appreciation Week are Safety Net Act 66 Labor HHS Appropriations Reform		
17. House(s) of Co	ongress and Federal agencies co	ontacted	Check if None
US Senate	Representatives individual who acted as a lobb	yist in this issue	агеа
	Name	1	Covered Official Position (if applicable)
Nance Guenther Pe	eterson		
Heidi Hanson	••••		
Brad Traverse		****	
Gary Capistrant		****	
Jim Wholey		1420	
Eric Hanson			

19. Interest of each	foreign entity in the specific issues	listed on line 16	above Check if None
Signature 5	En)m		Data 07/29/03
- 8	Filing #4dcd62c9-5e75-4a6a-8ef	9-894bf8cbdfdc -	LYAIL

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