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LOBBYING REPORT

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

US Strategies			
. Address Check if different than previous	ısly r ep orted		
1055 North Fairfax Street, Suite 20)1		
Principal Place of Business (if different from lir	ne 2)		
City: Alexandria	State/Zip (or Country) VA 22314		
. Contact Name	Тејернопе	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
O. Check if this is a Termination Report INCOME OR EXPENSES 12. Lobbying Firm	- Complete Either	Line 12 OR Line 13	
	- Complete Either		
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Printed Name and Title	

LD-2 (REV. 6/98)

Registrant Name	US Strategies	Client Name	National Association of Community Health Center
engaged in lobbying information as reques	on behalf of the client du sted. Attach additional p	ring the reporting p age(s) as needed.	reflect the general issue areas in which the received. Using a separate page for each code
15. General issue are	ea code HCR (or	ne per page)	
S. Con. Res. 59 N S. 2067 Medicare	al Health Services Corps ACHA Appreciation Week Safety Net Act Care Safety Net Act		
US House of Re US Senate	ngress and Federal agenci epresentatives		Check if None
16. Name of each in	Name		Covered Official Position (if applicable)
Heidi Hanson Brad Traverse Gary Capistrant			
Jim Wholey			
	oreign entity in the specific	issues listed on line 1	6 above Check if None Date 02/12/03

Form LD-2 (Rev.6/98) Page _