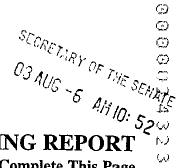
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All File	ers Are Required to Complete This Page (A		
I. Registrant Name			
The National Group			
2. Address			
818 Connecticut Avenue, NW, Suite 1100			
3. Principal Place of Business (if different from line 2)			
Washington DC City: State/zir	o (or Country)		
4. Contact Name Telephon	E-mail (optional) 5. Senate ID #		
Vincent Versage (202) 496-3441			
7. Client Name O Self Waterbury Hospital	6. House ID #		
TYPE OF REPORT 8. Year <u>2003</u> Midyear 9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report $\square \Rightarrow$ Termination	• =		
INCOME OR EXPENSES Complete Either	er Line 12 OR Line 13		
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:		
Less than \$10,000 🗀	Less than \$10,000 🖸		
\$10,000 or more \$\sqrt{15,000,00}\$ Income (nearest \$20,000)	\$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 experience accounting method. See instructions for description of opti		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 6033(b		
	Internal Revenue Code Method C. Reporting amounts under section 162(e) Internal Revenue Code		
1/1/1/1/100			

Cianatura

7/28/03

Filing #56c4ee9b-cd8d-4189-aaec-7df8e036bcbc - Page 1 of 6 $^{\mathbf{Data}}$

Printed Name and Title Vincent Versage, Partner

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The National Group Registrant Name Client Name C
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each tend information as requested. Attach additional page(s) as needed. 15. General issue area code (one per page)
16. Specific lobbying issues
Labor HHS Appropriations Bill, FY04
17. House(s) of Congress and Federal agencies contacted
House & Senate
18. Name of each individual who acted as a lobbyist in this issue area
Name Covered Official Position (if applicable) Vincent Versage William Oldoker Valerie Osborne Covered Official Position (if applicable)
19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None
Signature Date
Printed Name and Title Filing #56c4ee9b-cd8d-4189-aaec-7df8e036bcbc - Page 3 of 6

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	T. N 10			ල ල
Registrant Name	The National Group	Client Name		_ 0
	_			<u>©</u>
Information Upo	late Page - Complete ONLY	Y where registration inform	ation has changed.	Ç)
20. Client new address				<u>N</u>
				(4)
######################################		90788**·*a***4		ز.۱
21. Client new principal p	place of business (if different from line	: 20)		
City		State/Zip (or Country)		·J
	ion of client's business or activites	Jakozap (or County)		
Y ORDANICO VIDA				
LOBBYIST UPDA		- :- m- l-m 4 - 4 4		-
23. Name of each pro	eviously reported individual wh	o is no longer expected to ac	t as a lobbyist for the	client
ISSUE UPDATE				
24. General lobbying	s issues previously reported that	no longer pertain		
, ,		. G F		
<u> </u>				
AFFILIATED OR	CANIZATIONS			
	g affiliated organization(s)			
25.7100 010 10110 1111	g arrinated organization(s)			
Nam	ne	Address	Principal Place	of Rus
			(city and state	
	****	****	***************************************	*************
06.37				
26. Name of each pre	eviously reported organization the	nat is no longer affiliated with	n the registrant or clie	ent
FOREIGN ENTIT	mag			
	· ·			
27. Add the following				
Name	Address	Principal place of busines	Amount of contribu	ition C
		(city and state or country		ties c
Name of each proviou	rales are and all forming a makes all the second	1		نـــــــــــــــــــــــــــــــــــــ
affiliated organization	asly reported foreign entity that no	longer owns, or controls, or is	affiliated with the regist	trant, cli
armated organization				
ignature		Dat	۵	
<u> </u>		Dati	~ ~~~	
rinted Name and Title				
Fili	ng #56c4ee9b-cd8d-4189-aaec-7	df8e036bcbc - Page 5 of 6		

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