

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
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SECRETAR

03 FEB 1

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 <input type="checkbox"/> Check if different than previously reported 1401 K Street, NW, Suite 900			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20005			
4. Contact Name Jill Kasparek	Telephone (202) 626-8550	E-mail (optional)	5. Senate ID # N
7. Client Name <input type="checkbox"/> Self AdvanceMed			6. House ID # 3450

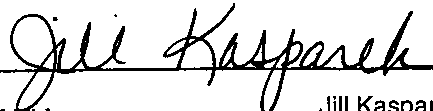
TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date 12/31/02

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 align="center">13. Organizations</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 \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 6013 Internal Revenue Code</p>
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Signature



Jill Kasparek, Office Administrator

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Jefferson Consulting Group, LLC Client Name AdvanceMed

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR (one per page)

16. Specific lobbying issues

Medical record coding

17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate
Dept. of Veterans Affairs

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

Name	Covered Official Position (if applicable)
Julia T. Susman	
Robert J. Thompson	

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

Signature Jill Kasparek Date 2/13/03
Printed Name and Title Jill Kasparek, Office Administrator



Registrant Name Jefferson Consulting Group, LLC Client Name AdvanceMed

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

Robert J. Thompson
Mary McCarthy
Julia T. Susman

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 Bus (city and state or cou

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 registra affiliated organization

Signature

Jill Kasparek

Date

2/13/03

Printed Name and Title WILL DASPAREK, OFFICE ADMINISTRATOR

Form LD-2 (Rev. 6/98)

Page