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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 <input type="checkbox"/> Check if different than previously reported 1055 North Fairfax Street, Suite 201 Alexandria, VA 22314			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Brad Traverse	(703) 739-7999	bradt@usstrategies.com	38825-2
7. Client Name <input type="checkbox"/> Self			6. House ID #
Home Access Health			3321901

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-D

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

10. Check if this is a Termination Report ⇒ Termination Date 1/31/01

11. No Lobby: _____

INCOME OR EXPENSES - Complete Either 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 period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code

Signature 

Printed Name and Title Brad Traverse, VP

LD-2 (REV. 6/98)

