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LOBBYING REPORT

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

1. Registrant Name <u>Eric Vaughn, The Vaughn Group</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1800 K. Street, NW, Suite 718</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20006</u>			
4. Contact Name <u>Eric Vaughn</u>	Telephone <u>202/466-4714</u>	E-mail (optional) <u>VaughnDSCO@aol</u>	5. Senate ID # <u>70357-3</u>
7. Client Name <input type="checkbox"/> Self <u>National Structured Settlement Trust Association</u>			6. House ID # <u>3652700</u>

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000) 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Signature Eric Vaughn

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Printed Name and Title Zui Vaughn, President

LD-2 (REV. 6/98)

PAGE

National Structured Settlements TRADE ASSN

Registrant Name Eric Vaughn Client Name _____

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

16. Specific lobbying issues

Health Care
Medicare Issues

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Eric Vaughn	

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

Signature Eric Vaughn Date 5-20-2005

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Printed Name and Title YAC Vaughn, President

Form LD-2 (Rev.6/98)

Registrant Name _____ Client Name _____

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

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 Business (city and state or country)

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	Own perce clien

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature _____ Date _____

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Printed Name and Title _____

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