

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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**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 Kasperek	Telephone (202) 626-8550	E-mail (optional)	5. Senate ID # 48782
7. Client Name <input type="checkbox"/> Self Golden Rule Insurance Company			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 ☐

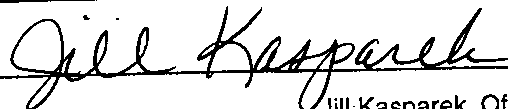
10. Check if this is a Termination Report ☒ ⇒ Termination Date 12/31/02

11. No Lobbying

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>\$40,000.00</u> 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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature



Jill Kasperek, Office Administrator

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 6/98)



Registrant Name Jefferson Consulting Group, LLC Client Name Golden Rule Insurance Company

**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 the information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Faircare, Medical Savings Accounts, Health Insurance Safety Nets, Prescription Drug Coverage

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Representatives  
Senate  
Executive Office of the President

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

Name	Covered Official Position (if applicable)
Robert J. Thompson	
Peter Kant	
Jennifer Kerber	

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 \_\_\_\_\_

Page

Form LD-2 (Rev.6/98)



Registrant Name Jefferson Consulting Group, LLC Client Name Golden Rule Insurance Company

**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 Thompson  
Peter Kant  
Jennifer Kerber

**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 registrant affiliated organization

Signature

*Jill Kasparek*

Date

*2/13/03*

Printed Name and Title Jill Kasparek, Office Administrator

Form LD-2 (Rev. 6/98)

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