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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name Henry Consulting Group			
2. Address <input type="checkbox"/> Check if different than previously reported 9707 Turnbuckle Drive, Burke, Virginia, 22105			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name P. T. Henry	Telephone (703) 455-2990	E-mail (optional) henryph@aol.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Spectrum Healthcare Resources			6. House ID # 35640005

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) **OR** Year End (July 1-De

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 Lobbyi

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</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 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 reporting method. See instructions for description of o</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____ Date 08/01/2005

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Registrant Name Henry Consulting Group Client Name Spectrum Healthcare Resources

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DoD/VA Healthcare

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

Department of Defense
US Senate
House of Representatives

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

Name	Covered Official Position (if applicable)
P. T. Henry	Assistant Secretary of the Army

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

Signature  Date 08/01/2005
Printed Name and Title P. T. Henry President

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