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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 The Outlaw Group			
2. Address <input type="checkbox"/> Check if different than previously reported 513 Franklin Street, Alexandria, VA 22314			
3. Principal Place of Business (if different from line 2) same City: _____ State/zip (or Country) _____			
4. Contact Name Deborah Outlaw	Telephone (703) 819-7783	E-mail (optional)	5. Senate ID # 46095-36
7. Client Name <input type="checkbox"/> Self National Vision Rehabilitation Cooperative	6. House ID # 34384001		

TYPE OF REPORT 8. Year 2004 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 April 2004 11. No Lobby

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>\$10,000.00</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 method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature  Date 8/12/04

Printed Name and Title Deborah Outlaw, Principal

LD-2 (REV. 4/03)

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Registrant Name The Outlaw Group Client Name National Vision Rehabilitation Cooperativ

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

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

16. Specific lobbying issues

medicare coverage of vision rehabilitation services

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

Senate
House of Representatives
CMS

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

Name	Covered Official Position (if applicable)
Deborah Outlaw	

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

Signature  Date 8/12/04

Printed Name and Title Deborah Outlaw, Principal

Form LD-2 (Rec. 4/03)

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