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SECRETARY OF
05 AUG -4

LOBBYING REPORT

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

1. Registrant Name National Strategies, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1701 K Street, NW., Suite 400			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20006			
4. Contact Name Trudy Anderson	Telephone (202) 429-8744	E-mail (optional) tanderson@natstrat.com	5. Senate ID 28
7. Client Name <input type="checkbox"/> Self ComCARE Alliance			6. House ID # 31

TYPE OF REPORT 8. Year 2005 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 _____

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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>140,000.00</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defu</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature _____

Printed Name and Title

LD-2 (REV. 6/98)

Registrant Name National Strategies, Inc. Client Name ComCARE Alliance

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

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

16. Specific lobbying issues

Emergency Response, Emergency Communications and Homeland Security.

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

House of Representatives,
Senate,
Federal Communications Commission
Departments of Homeland Security, Transportation, Health and Human Services, and Justice.

Name	Covered Official Position (if applicable)
David Aylward	
Alan Kitey	

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

Signature *David Aylward*

Date July 27, 2005

Printed Name and Title David Aylward, President

Form LD-2 (Rev. 6/98)

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