

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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SECRETARY OF
03 AUG 21 PM**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) WASHINGTON DC 20005 City: State/zip (or Country)			
4. Contact Name JILL KASPAREK	Telephone (202) 626-8550	E-mail (optional)	5. Senate ID # N/A
7. Client Name <input type="checkbox"/> Self INTEGRATED MEDICAL SYSTEMS			6. House ID # N/A

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December) 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 Activities

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 type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> 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 expense accounting method. See instructions for description of options. <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) of Internal Revenue Code

Signature

*Jill Kasperek*Date 8/12/2003

Signature



JIL K. KASPAREK, OFFICE ADMINISTRATOR

Printed Name and Title

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Registrant Name PERSON CONSULTING GROUP, LI Client Name INTEGRATED MEDICAL SYSTEMS

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DEPT. OF DEFENSE APPROPRIATIONS

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

SENATE
DEPT. OF DEFENSE

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

Name	Covered Official Position (if applicable)
CINDY HOWAR	
PETER KANT	
DORSEY CHESCAVAGE	
ROBERT J. THOMPSON	

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

Signature *Julie Kasparek* Date 8/12/03

Printed Name and Title WILLIAM R. WALKER, OFFICE ADMINISTRATION

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Registrant Name PERSON CONSULTING GROUP, LI Client Name INTEGRATED MEDICAL SYSTEMS

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DEPT. OF HOMELAND SECURITY APPROPRIATIONS

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

SENATE
DEPT. OF HOMELAND SECURITY

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

Name	Covered Official Position (if applicable)
CINDY HOWAR	
PETER KANT	
DORSEY CHESCAVAGE	
ROBERT J. THOMPSON	

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

Signature *Jill Kasparek* Date 8/12/03

Printed Name and Title

MILLER, BRAD ALLEN, OFFICE ADMINISTRATION

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