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LOBBYING REPORT

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

| | | | |
|--|----------------------------------|-------------------|---------------------------------|
| 1. Registrant Name <u>HENRY CONSULTING GROUP</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>9707 TURNBUCKLE DRIVE</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: <u>BURKE</u> State/Zip (or Country) <u>VA 22015</u> | | | |
| 4. Contact Name <u>P. T. HENRY</u> | Telephone <u>703 455 2990</u> | E-mail (optional) | 5. Senate ID # <u>69594-</u> |
| 7. Client Name <input type="checkbox"/> Self <u>DELTA DENTAL PLANS OF CALIFORNIA</u> | | | 6. House ID # <u>35640C</u> |

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 _____

11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|---|---|
| <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>40,000⁰⁰</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>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 \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting 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 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p> |

Signature _____

Printed Name and Title

P. T. HENRY PRESIDENT

Registrant Name HENRY CONSULTING GROUP Client Name DELTA DENTAL PLANS OF C

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

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

16. Specific lobbying issues

DOD HEALTH/DENTAL CARE

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

Check if None

DOD

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

| Name | Covered Official Position (if applicable) |
|-------------------------|---|
| <u>PATRICK T. HENRY</u> | <u>ASSISTANT SECRETARY OF ; ARMY</u> |
| | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature P.T. Henry Date 7/28/02
Printed Name and Title P.T. HENRY PRESIDENT

