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05 FEB 17 AM 10:15

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

1. Registrant name			
Organization	Jefferson Consulting Group, LLC		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	1401 K Street N.W.	Suite	900
City	Washington	State	DC
		Zip Code	20005
			Country US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Pamela Trucano	202.626.8550	ptrucano@jeffersonconsulting.co
5. Senate ID #			N/A
7. Client Name <input type="checkbox"/> Self			6. House ID #
Hydration Technologies, Inc.			N/A

**TYPE OF REPORT** 8. Year 2004 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 Acti

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>                    </u></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"><b>13. Organizations</b></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"/> ⇨ \$ <u>                    </u></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) of Internal Revenue Code</p>
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Form Co

Printed Name and Title Pamela Trucano, Executive Assistant



Registrant Name Jefferson Consulting Group, LLC Client Name Hydration Technologies, Inc.

**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 DEF - Defense (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

HR 4613 Department of Defense appropriations bill  
Requested support from USAID to consider this technology

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

House  
Senate  
USAID

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for t*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Robert	Thompson		
Timothy	Leeth		
Barbara	Stansfield		
Michelle	McWhinney		
Marilynn	Booth		

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

*Add a page for a diffi*



Registrant Name Jefferson Consulting Group, LLC Client Name Hydration Technologies, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owne perc clien
			City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization

1

3

5

2

4

6

Add to page for more

Printed Name and Title Pamela Trucano, Executive Assistant

