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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			
Address1	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
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Employee Health Insurance Management, Inc.			48782-79
			6. House ID #
			3450405

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**

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ _ 20,000 _	\$10,000 or more <input type="checkbox"/> ⇨ \$ _
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).	14. REPORTING METHOD. Check box to indicate appropriate accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions and Internal Revenue Code
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Form C

Printed Name and Title Pamela Trucano, Executive Assistant

Registrant Name Jefferson Consulting Group, LLC Client Name Employee Health Insurance Manage

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 PHA - Pharmacy (one per page)

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

Pharmacy Benefit Management

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

House
Senate
Department of Veterans Affairs

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Angela	McNamara		
Julia	Susman		
Claire	Kammer		

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

Add a page for a diffe

Registrant Name Jefferson Consulting Group, LLC Client Name Employee Health Insurance Manage

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	S
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	Ow per clie
			City State Country		

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add a page for more .

Printed Name and Title Pamela Trucano, Executive Assistant

