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# LOBBYING REPORT

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

1. Registrant Name US Strategies			
2. Address <input type="checkbox"/> Check if different than previously reported 1055 North Fairfax Street, #201			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) VA 22314			
4. Contact Name Brad Traverse	Telephone (703) 739-7999	E-mail (optional) bradt@usstrategies.com	5. Senate ID 38
7. Client Name <input type="checkbox"/> Self National Association of Community Health Centers			6. House ID # 33

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30) ☒ OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report ☐

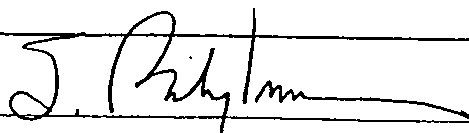
10. Check if this is a Termination Report ☐ ⇨ Termination Date \_\_\_\_\_

11. No Lobbyi

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

<p><b>12. Lobbying Firms</b></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>\$20,000.00</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this r period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20</p> <p><b>14. REPORTING METHOD.</b> Check box to indica accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</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>
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Signature



Printed Name and Title

Brad Traverse, Vice President

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LD-2 (REV. 6/98)

Registrant Name US Strategies Client Name National Association of Community Health C

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

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

16. Specific lobbying issues

H.R. 1968 National Health Services Corps  
S. Con. Res. 59 NACHC Appreciation Week  
S. 2067, Medicare Safety Net Act  
H.R. 3450, Health Care Safety Net Act  
Labor-HHS Appropriations (Bill not numbered)

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

☐ Check if None

US House of Representatives  
US Senate

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

Name	Covered Official Position (if applicable)
Nance Guenther Peterson	
Heidi Hanson	
Brad Traverse	
Gary Capistrant	
Jim Wholey	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date 08/06/02

Printed Name and Title Brad Traverse, Vice President

