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**LOBBYING REPORT**

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

1. Registrant Name <b>The Outlaw Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>513 Franklin Street, Alexandria VA 22314</b>			
3. Principal Place of Business (if different from line 2) <b>same</b> City: _____ State/zip (or Country) _____			
4. Contact Name <b>Deborah Outlaw</b>	Telephone <b>(703) 819-7783</b>	E-mail (optional)	5. Senate ID # <b>46095-36</b>
7. Client Name <input type="checkbox"/> Self <b>National Vision Rehabilitation Cooperative</b>			6. House ID # <b>34384001</b>

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

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

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

Signature


Date 2/12/04



Registrant Name The Outlaw Group Client Name National Vision Rehabilitation Cooperative

**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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

legislation to provide medicare coverage of vision rehabilitation services


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

Senate  
House of Representatives  
CMS

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

Name	Covered Official Position (if applicable)
Deborah Outlaw	

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

Signature  Date 2/12/04

Printed Name and Title Deborah Outlaw, Principal

