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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			
Address	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 #
QSent Technologies			48782-85
			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 Act**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"/> ⇨ \$ <u>40,000</u>	\$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 exp accounting method. See instructions for description of opt
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions & Internal Revenue Code
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(1) Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code

Form C

Printed Name and Title Pamela Trucano, Executive Assistant



Registrant Name Jefferson Consulting Group, LLC Client Name QSent Technologies

**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 TEC - Telecommunications (one per page)

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

Wireless Telephone Directory  
Locator Services

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

Senate  
House  
Department of Treasury  
Department of Agriculture  
Department of Homeland Security

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)
Jennifer	Kerber		
Peter	Kant		
Angela	Murphy		
Elizabeth	Rorick		
Robert	Thompson		
Alexandra	Fielding		

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

*Add a page for a title*



Registrant Name Jefferson Consulting Group, LLC Client Name QSent Technologies

**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
<b>1</b> Jennifer	Kerber		<b>3</b> Elizabeth	Rorick	
<b>2</b> Peter	Kant		<b>4</b>		

**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) City State Country	Amount of contribution for lobbying activities	Own per cent

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

**1** **2** **3** **4** **5** **6**

Add a page for more

Printed Name and Title Pamela Trucano, Executive Assistant

