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LOBBYING REPORT

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

1. Registrant Name THE PETRIZZO GROUP, INC.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported		4. Contact Name Telephone E-mail (optional)	
444 NORTH CAPITOL STREET NW SUITE 535, WASHINGTON DC 2		T.J. PETRIZZO 202-347-3898	
3. Principal Place of Business (if different from line 2)			
City:		State/Zip (or Country)	
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
CHILDREN'S HOSPITAL & REGIONAL MEDICAL CENTER			3493801

TYPE OF REPORT 8. Year 2001 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 20,000
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title ITGIKIU U. FEINICKU / TNEUUBIVI

LD-2 (REV. 6/98)

PAGE 1 of _



Registrant Name THE PETRIZZO GROUP Client Name CHILDREN'S HOSPITAL & REGION CENTER

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

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

16. Specific lobbying issues

TELEMEDICINE FUNDING
RESEARCH FUNDING


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

HOUSE OF REPRESENTATIVES
SENATE

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

Name	Covered Official Position (if applicable)
THOMAS J. "T.J." PETRIZZO	
KARA KENNEDY	
SHAY HANCOCK	

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

Signature  Date 8-2-01

Printed Name and Title THOMAS J. PETRIZZO, PRESIDENT



Registrant Name THE PETRIZZO GROUP Client Name CHILDREN'S HOSPITAL & REGIONAL CENTER

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

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

16. Specific lobbying issues

TELEMEDICINE FUNDING
RESEARCH FUNDING

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

HOUSE OF REPRESENTATIVES
SENATE

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

Name	Covered Official Position (if applicable)
THOMAS J. "T.J." PETRIZZO	
KARA KENNEDY	
SHAY HANCOCK	

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

Signature  Date 8-2-01

Printed Name and Title THOMAS J. PETRIZZO, PRESIDENT

