Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

## LOBBYING REPORT

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

. Registrant Name					
The National Group					
2. Address Check if different than previously reported 818 Connecticut Avenue, NW, Suite 1100					
3. Principal Place of Business (if different from line 2)	(or Country) DC, 20006				
4. Contact Name Telephone	E-mail (optional)				
Jessica Gomez (202) 466-3774	(202) 466-3774 6. House iD #				
7. Client Name Self Eastern Maine Healthcare	o. House ID #				
<ol> <li>Check if this filing amends a previously filed version of this re</li> <li>Check if this is a Termination Report ☐ ⇒ Termination I</li> </ol>					
10. Check if this is a Termination Report ☐ ⇒ Termination I	Date 11. No Lobbyin				
10. Check if this is a Termination Report □ ⇒ Termination I	Line 12 OR Line 13  13. Organizations				
10. Check if this is a Termination Report ☐ ⇒ Termination I	Line 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:				
10. Check if this is a Termination Report □ ⇒ Termination In CONTROL EXPENSES. Complete Either  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:	Line 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this re				
10. Check if this is a Termination Report □ ⇒ Termination In the Income of the Expenses Complete Either  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □	Line 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:				
10. Check if this is a Termination Report □ ⇒ Termination In Income CR EYPENSES. Complete Either  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more □ ⇒ \$ \$45,000.00    Income (nearest \$20,000)	Line 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:  Less than \$10,000   \$10,000 or more    Expenses (nearest \$20,000    A DEPORTING METHOD. Check box to indicate the second				
10. Check if this is a Termination Report ☐ ⇒ Termination In Income CR EYPENSES. Complete Fither  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 ☐  \$10,000 or more Ø ⇒ \$45,000.00  Income (nearest \$20,000)  Provide a good faith estimate, rounded to the nearest \$20,000, and the client (including all	Line 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:  Less than \$10,000   \$10,000 or more   \$\sigma \sigma \sigm				
10. Check if this is a Termination Report ☐ ⇒ Termination In Income CR EYPENSES. Complete Either  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 ☐  \$10,000 or more ☐ ⇒ \$ \$45,000.00	11. No Lobbyin  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:  Less than \$10,000   \$10,000 or more    Expenses (nearest \$20 accounting method. See instructions for description)				
10. Check if this is a Termination Report □ ⇒ Termination In Income CP EYPENSES. Complete Either  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more □ ⇒ \$ \$45,000.00   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	11. No Lobbyin  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:  Less than \$10,000   \$10,000 or more    Expenses (nearest \$20    14. REPORTING METHOD. Check box to indicaccounting method. See instructions for description   Method A. Reporting amounts using LDA defi				

Printed Name and Title // ACCOUNTY NO. VINTER + CONTYNON
LD-2 (REV. 6/98)

Registrant Name	The National Group	Client Name	Eastern Maine Healthcare
engaged in lobbying of information as request	n behalf of the client ded. Attach additional	luring the reporting per	eflect the general issue areas in which the re- riod. Using a separate page for each code,
15. General issue area	code BUD (	one per page)	
16. Specific lobbying			
Labor HHS Approps	5 B III		
17. House(s) of Cong	gress and Federal agen	cies contacted	Check if None
18. Name of each inc	dividual who acted as	a lobbyist in this issue	area  Covered Official Position (if applicable)
Vincent Versage		Par	tner
Jacobs Spirit	Section (25 to depot 2007)	Commence of the second	The control of the co
Frank Godfrey	***************************************	Pa	rtner
William Oldaker	D01 ************************************	Pa	rtner
Valerie Osborne		Pa	rtner
19. Interest of each fo	oreign entity in the speci	fic issues listed on line 16	5 above
Signature Fili	ng #a400a1e7-de34-42	31-8fab-46485a5c9268	Date 1-(2-04) Page 3 of 6

Form LD-2 (Rev.6/98)

Page .

Registrant Name	The National Group	Client Name	Easter	n Maine Healthcare	
Information Up	date Page - Complete	e ONLY where registra	ation information has	changed.	
20. Client new address			<del></del>		
21. Client new principal	place of business (if different t	From line 20)	***************************************	***************************************	
City	***************************************	State/Zip (or Co	untry)		
	otion of client's business or act				
LOBBYIST UPD 23. Name of each p	OATE previously reported indivi	idual who is <b>no longer</b> e	expected to act as a lob	byist for the client	
ISSUE UPDATE		sted that no longer per	ra in		
24. General lobbyi	ng issues previously repo	orted that no longer per		<u> </u>	
AFFILIATED O 25. Add the follow	RGANIZATIONS ring affiliated organization	n(s)			
Name		Address		Principal Place of Bu (city and state or co	
		and the second seco			
26. Name of each	previously reported orga	nization that is <b>no long</b>	er affiliated with the re	egistrant or client	
FOREIGN ENTI 27. Add the follow	TIES ving foreign entities				
Name	A	Address	Principal place of busines (city and state or country		
,					
28. Name of each affiliated or		eign entity that no longe	er owns, <u>or</u> controls, <u>o</u>	c is affiliated with the regist	
Signature	MM	4231-8fáb-46485a5c92		Date 2-12-04	

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