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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 Harold Ford Group, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 6060 Poplar Avenue, Ste. 150			
3. Principal Place of Business (if different from line 2) Memphis Tennessee 38119 City: State/zip (or Country)			
4. Contact Name Harold Ford	Telephone (901) 685-1200	E-mail (optional) hford@hfordgroup.com	5. Senate ID # 15122-214
7. Client Name <input type="checkbox"/> Self Strategic Governmental Solutions			6. House ID # 33816011

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

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

10. Check if this is a Termination Report ⇨ Termination Date October 2003 11. No Lobbyin

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 checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033i Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Harold Ford

Signature _____ Date _____

Printed Name and Title _____ Harold Ford, President _____

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name The Harold Ford Group, LLC Client Name Strategic Governmental Solutions

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

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

16. Specific lobbying issues

Assistance with a reimbursement claim for funds submitted to the Centers for Medicare and Medicaid Services.

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

Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Harold Ford	

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

Signature *Harold Ford* Date 02/10/04

Printed Name and Title Harold Ford, President

