

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
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SECRETARY OF THE SENATE
04 MAR 17 PM 3:00

LOBBYING REPORT

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

1. Registrant Name JJEFERSON CONSULTING GROUP, LLCLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1401 K STREET, NW; STE. 900			
3. Principal Place of Business (if different from line 2) WASHINGTON DC 20005 City: State/zip (or Country)			
4. Contact Name LISA GARGANO	Telephone (202) 626-8228	E-mail (optional)	5. Senate ID # 48782-734
7. Client Name <input type="checkbox"/> Self INTEGRATED MEDICAL SYSTEMS			6. House ID # 34504044

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 10/31/2004

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____ *Lisa Gargano* _____ Date 04/10/07

Printed Name and Title _____ LISA GARGANO / HUMAN RESOURCES/ADMINISTRATION _____

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name EFFERSON CONSULTING GROUP, LL Client Name INTEGRATED MEDICAL SYSTEMS

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 DEF (one per page)

16. Specific lobbying issues

MILITARY HEALTH CARE EQUIPMENT

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

HOUSE
SENATE
DEPT. OF DEFENSE

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

Name	Covered Official Position (if applicable)
ROBRT J THOMPSON	
CINDY HOWAR	
ROSALYN MILLMAN	
PETER KANT	
DORSEY CHESCAVAGE	

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

Signature _____ Date 02/13/04

Registrant Name EFFERSON CONSULTING GROUP, LL Client Name INTEGRATED MEDICAL SYSTEMS

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or 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

ROBERT J. THOMPSON
CINDY HOWAR
ROSALYN MILLMAN
PETER KANT
DORSEY CHESCAVAGE

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cou

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature

Isal. Gargano

Date

02/13/2004

Printed Name and Title LISA GARGAO, HUMAN RESOURCES/ADMINISTRATION

Form LD-2 (Rev. 4/03)

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