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# LOBBYING REPORT

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

1. Registrant Name <b>C2 Group, LLC</b>			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported Address <b>101 Constitution Avenue, NW</b> Suite <b>900</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20001</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Rebecca Halkias</b>	Telephone <b>202-742-4409</b>	E-mail (optional) <b>halkias@thec2group.com</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Children's Hospice International</b>			6. House ID #

TYPE OF REPORT 8. Year 2002 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 \_\_\_\_\_ 11. No Lobbying

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <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"/> &gt;&gt; \$ <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 align="center"><b>13. Organizations</b></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"/> &gt;&gt; \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature \_\_\_\_\_

Date **1/13/2004**



Registrant Name: C2 Group, LLC

Client Name: Children's Hospice International

**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  
**H.J. Res 2, FY2003 Omnibus Appropriations Bill,**

000000  
3175

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

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

Name	Covered Official Position (if applicable)
<b>Cline, John</b>	
<b>Crawford, Thomas</b>	
<b>Halkias, Rebecca</b>	<b>Deputy Asst. Legislative Affairs Homeland Security</b>
<b>Hanson, Michael</b>	<b>Chief of Staff to Congressman Sam Johnson</b>
<b>Litterst, Nelson</b>	
<b>Murray, Jefferies</b>	<b>Chief of Staff to Congressman Bud Cramer</b>

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

Signature 

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Thomas Crawford - Senior Partner Page

Registrant Name: C2 Group, LLC

Client Name: Children's Hospice International

**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 MMM (one per page)

16. Specific Lobbying issues

**None, Authorization of Medicaid spending allocated for children's hospice care,**

00000433176

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None



Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Thomas Crawford - Senior Partner** \_\_\_\_\_