

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

SECRETARY OF

02 AUG 14

LOBBYING REPORT

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

1. Registrant Name J. Michael Hudson (The Hudson Group)	
2. Address <input type="checkbox"/> Check if different than previously reported 438 New Jersey Ave. S.E. Suite B	
3. Principal Place of Business (if different from line 2) City: Washington, D.C. State/Zip (or Country) 20003	
4. Contact Name J. Michael Hudson	Telephone 202-547-0780
E-mail (optional)	5. Senate ID # 18796-2
7. Client Name <input type="checkbox"/> Self CorSolutions, Inc. (formerly, Ralin Medical, Inc.)	6. House ID # 3271000

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 Lobbyi

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 ⇒ \$ 140,000.00
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 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

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

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6013 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____



Printed Name and Title J. Michael Hudson President

LD-2 (REV. 6/98)

J. Michael Hudson

CorSolutions, inc.

Registrant Name _____ Client Name _____

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 coc** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Technical issues regarding disease management


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

U. S. House of Representatives
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)
...J...Michael...Hudson...
...Manda...Wong...

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

Signature  Date 8/14/02

Printed Name and Title J. Michael Hudson President

