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SECRETARY OF
03 FEB -5 AM

LOBBYING REPORT

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

1. Registrant Name National Strategies, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 888 - 17th St., NW., 12th Floor, Washington, DC 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Trudy Anderson	Telephone (202) 429-8744	E-mail (optional) tanderson@natstrat.com	5. Senate ID # 2865
7. Client Name <input type="checkbox"/> Self ComCARE Alliance			6. House ID # 3105

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

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>40,000.00</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 accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1603 Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name National Strategies, Inc. Client Name ComCARE Alliance

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 TEC (one per page)

16. Specific lobbying issues

Topics: Wireless Communications and Public Safety.


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

House of Representatives,
Senate,
Federal Communications Commission

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

Name	Covered Official Position (if applicable)
David Aylward	
Alan Kitey	
Christopher McLean	(Executive Branch Official), Administrator, Rural Utility Service

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

Signature  Date 1/27/2003

Printed Name and Title David Aylward, President

