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Washington, DC 20515

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Office of Public Records  
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Washington, DC 20510

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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>Carmen Group, Inc.</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1301 K Street, NW</b> Suite <b>800 East</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20005</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Michael E. Russell</b>			5. Senate ID # <b>8316-1130</b>
Telephone <b>202-785-0500</b>			E-mail (optional)
7. Client Name <input type="checkbox"/> Self <b>MedStar</b>			6. House ID # <b>32029086</b>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-De

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 Lobby

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$380,000.00</u> Income (nearest \$20,000)	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603: the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162: Internal Revenue Code

Signature \_\_\_\_\_ Date 11/17/2009

Printed Name and Title Michael E. Russell - Chief Financial Officer Pa

Registrant Name: Carmen Group, Inc.

Client Name: MedStar

**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.R.4818, Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2005,  
D.C. Appropriations  
Homeland Security Appropriations  
HRSA Grants  
Health & Human Services Appropriations**

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

Check if None

**Department of Health & Human Services  
Executive Office of the President  
House of Representatives  
Senate**

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

Name	Covered Official Position (if applicable)
<b>Carmen, David</b>	
<b>Hampton, Greg</b>	<b>Dpty Asst.Secty., Office Asst. Secty. Legislation</b>
<b>Harper, Dal</b>	
<b>Jemmott, Diane</b>	
<b>Keene, David</b>	
<b>Ladd, John</b>	
<b>Outhier, William</b>	<b>Repub. Chief Counsel, Sen. Comte Gov. Aff.</b>

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

Check if None

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

Printed Name and Title **Michael E. Russell - Chief Financial Officer** \_\_\_\_\_ Pa

Registrant Name: Carmen Group, Inc.

Client Name: MedStar

Item	Description	Data
18a	Lobbyist Name	Thompson, David
18b	Covered Official Position	
18c	New Lobbyist	No



Registrant Name: Carmen Group, Inc.

Client Name: MedStar

**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 DOC (one per page)

16. Specific Lobbying issues  
**Health Care Issues**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**Department of Homeland Security**  
**Executive Office of the President**  
**House of Representatives**  
**Senate**

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

Name	Covered Official Position (if applicable)
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<b>Harper, Dal</b>	
<b>Jemmott, Diane</b>	
<b>Keene, David</b>	
<b>Ladd, John</b>	
<b>Outhier, William</b>	<b>Repub. Chief Counsel, Sen. Comte Gov. Aff.</b>

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

Signature \_\_\_\_\_ Date 11/17/2008

Printed Name and Title Michael E. Russell - Chief Financial Officer Pa

Registrant Name: **Carmen Group, Inc.**

Client Name: **MedStar**

Item	Description	Data
18a	Lobbyist Name	Thompson, David
18b	Covered Official Position	
18c	New Lobbyist	No



Registrant Name: Carmen Group, Inc.

Client Name: MedStar

**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 HCR (one per page)

16. Specific Lobbying issues

**H.R.4818, Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2005,  
D.C. Appropriations  
Homeland Security Appropriations  
HRSA grants  
Health & Human Services Appropriations**

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

Check if None

**Department of Health & Human Services  
Department of Homeland Security  
Executive Office of the President  
House of Representatives  
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19. Interest of each foreign entity in the specific issues listed on line 16 above

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

Printed Name and Title **Michael E. Russell - Chief Financial Officer** \_\_\_\_\_ Pa

Registrant Name: **Carmen Group, Inc.**

Client Name: **MedStar**

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