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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>THE PETRIZZO GROUP, INC.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 70378, 430 FIRST STREET S.E. 2ND FLOOR WASHINGTON, DC 20024</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <b>T. J. PETRIZZO</b>	Telephone <b>(202) 478-6859</b>	E-mail (optional)	5. Senate ID # <b>53141-36</b>
7. Client Name <input type="checkbox"/> Self <b>GROUP HEALTH COOPERATIVE</b>	6. House ID # <b>34938002</b>		

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><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"/>          \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u>  <small>Income (nearest \$20,000)</small></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><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"/>          \$10,000 or more <input type="checkbox"/> ⇨ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only  <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature   
 Printed Name and Title THOMAS J. PETRIZZO, PRESIDENT

Registrant Name THE PETRIZZO GROUP, INC. Client Name GROUP HEALTH COOPERATIVE

**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

*Medicare Plus Choice Program*  
*Military Treatment Facilities Reimbursement*


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

*House of Representatives*  
*Senate*

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

Name	Covered Official Position (if applicable)	New
<i>Thomas J. "T.J." Petrizzo</i>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 2-5-2001  
Printed Name and Title THOMAS J. PETRIZZO, PRESIDENT