00000573039

| Clerk of the House of Representatives | Secretary of the Senate |
|---|---|
| Legislative Resource Center | Office of Public Records |
| B-106 Cannon Building | 232 Hart Building |
| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY
04 MAR 17

# LOBBYING REPORT

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

1. Registrant Name
JEFFERSON CONSULTING GROUP, LLC

2. Address ☐ Check if different than previously reported
1401 K STREET, NW; STE. 900

3. Principal Place of Business (if different from line 2)
WASHINGTON — City:
DC 20005 — State/zip (or Country)

| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
|---|---|---|---|
| LISA GARGANO | (202) 626-8228 | | 48782-517 |

| 7. Client Name ☐ Self | 6. House ID # |
|---|---|
| ALTARUM | 34504038 |

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30) ☐ **OR** Year End (July 1-Decer

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☑ ➪ Termination Date 12/01/03 11. No Lobbying

## 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 ☐ ➪ $ _____ 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 reporti period were:

Less than $10,000 ☐

$10,000 or more ☐ ➪ $ _____ Expenses (nearest $20,000)

**14. REPORTING METHOD.** Check box to indicate exp accounting method. See instructions for description of opt

☐ **Method A.** Reporting amounts using LDA definitio

☐ **Method B.** Reporting amounts under section 6033(b Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date 02/13/04

Printed Name and Title LISA GARGANO, HUMAN RESOURCES/ADMINISTRATION

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PAGE 1 of

Registrant Name EFFERSON CONSULTING GROUP, LL Client Name ALTARUM

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

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

16. Specific lobbying issues

HEALTHCARE ANALYSIS AND INFORMATION TECHNOLOGY SOLUTIONS

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

DEPT. OF VETERANS AFFAIRS
CDC
HHS
OPM
SENATE VETERANS AFFAIRS COMMITTEE

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

| Name | Covered Official Position (if applicable) |
|---|---|
| JULIA T. SUSMAN | |
| | |
| | |
| | |
| | |
| | |

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

Signature Date 02/13/04

Printed Name and Title LISA GARGANO, HUMAN RESOURCES/ADMINISTRATION

Form LD-2 (Rec. 4/03)

Registrant Name EFFERSON CONSULTING GROUP, LL Client Name ALTARUM

## Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City State/Zip (or Country)

22. New general description of client's business or activites

## LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ROSALYN MILLMAN
CINDY HOWAR

## ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus (city and state or cou |
|---|---|---|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

## FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|---|---|---|---|
| | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c affiliated organization

Signature Date 02/1/04

Printed Name and Title LISA GARGANO, HUMAN RESOURCES/ADMINISTRATION

Form LD-2 (Rev. 4/03)