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LOBBYING REPORT

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

1. Registrant Name GRQ, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 5454 Wisconsin Avenue Suite 1270			
3. Principal Place of Business (if different from line 2) City: Chevy Chase State/Zip (or Country) MD			
4. Contact Name Phillip Porte	Telephone 301-718-0202	E-mail (optional) pporte@erols.com	5. Senate ID # 17061
7. Client Name <input type="checkbox"/> Self National Ass'n for Medical Direction of Respiratory Care			6. House ID # 3116

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <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>\$20,000</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>13. Organizations</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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of lobbying</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>

Signature

Printed Name and Title

Phillip Porte, Principal

Registrant Name GRQ, Inc. Client Name Nat'l Ass'n for Med. Direction of Re

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 MMM (one per page)

16. Specific lobbying issues

Medicare payment for pulmonary medicine, critical care, pulmonary rehabilitation regulatory reform and medical liability reform

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

House of Representatives and 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)
...Patricia Booth...	
...Phillip Porte...	

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

Signature *Phillip Porte* Date 8/13/02

Printed Name and Title PHILLIP PORTE, PRINCIPAL

