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LOBBYING REPORT

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

1. Registrant name	
Organization	Jefferson Consulting Group, LLC
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	1401 K Street N.W. Suite 900
City	Washington State DC Zip Code 20005 Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
City State/Zip or Country	
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Ms. Pamela Trucano	202.626.8550 ptrucano@jeffersonconsulting.co
7. Client Name <input type="checkbox"/> Self	5. Senate ID #
QTC	48782-3
	6. House ID #
	3450402

TYPE OF REPORT 8. Year 2004 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 align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u> </u></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 align="center">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"/> ⇨ \$ <u> </u></p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Pamela Trucano, Executive Assistant



Registrant Name Jefferson Consulting Group, LLC Client Name QTC

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 HCR - Health Issues (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Disability exams and related software

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

House
Senate
Department of Veterans Affairs

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Julia	Susman		
Matt	Raymer		
Timothy	Leeth		
Dorsey	Chescavage		
Angela	McNamara		
Barbara	Stansfield		

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

Add a page for a diffe

Registrant Name Jefferson Consulting Group, LLC Client Name QTC

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

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code Country

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

LOBBYIST UPDATE

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

First Name	Last Name	Suffix	First Name	Last Name	S
<input type="checkbox"/> 1	Dorsey	Chescavage	<input type="checkbox"/> 3		
<input type="checkbox"/> 2			<input type="checkbox"/> 4		

ISSUE UPDATE

Find the code to select below.

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own percentage of client

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

<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6

Add a page for more

Printed Name and Title Pamela Trucano, Executive Assistant

