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Legislative Resource Center  
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SECRETARY OF THE SENATE  
04 AUG 18 AM 11:06

## LOBBYING REPORT

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

1. Registrant Name Henry Consulting Group			
2. Address <input type="checkbox"/> Check if different than previously reported 9707 Turnbuckle Drive, Burke, Virginia, 22105			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name P. T. Henry	Telephone (703) 455-2990	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self TriWest Healthcare Alliance			6. House ID # 35640002

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

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

### 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 checked="" type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ 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 the accounting method. See instructions for description of each method.  <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature \_\_\_\_\_

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Date **August 1, 2004**

Signature \_\_\_\_\_

P. T. Henry President

Printed Name and Title \_\_\_\_\_

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Registrant Name Henry Consulting Group Client Name TriWest Healthcare Alliance

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

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

16. Specific lobbying issues

DoD/DVA Healthcare

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

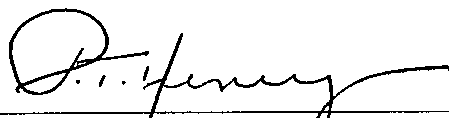
Senate  
House of Representatives  
Department of Defense  
Department of Veterans Affairs

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

Name	Covered Official Position (if applicable)
P. T. Henry	Assistant Secretary of the Army

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

Signature



Date 8/01/04

Printed Name and Title \_\_\_\_\_ U \_\_\_\_\_

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