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SECRETARY OF THE SENATE

04 APR 19 PM 2:44

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			
3. Principal Place of Business (if different from line 2) City: BURKE State/Zip (or Country) VA/22015			
4. Contact Name P.T. HENRY	Telephone 703-455-2990	E-mail (optional)	5. Senate ID # 69594
7. Client Name <input type="checkbox"/> Self TRINVEST HEALTHCARE ALLIANCE			6. House ID # 35640

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

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"/> ⇒ \$ _____ 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 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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature _____

Printed Name and Title P.T. HENRY PRESIDENT

LD-2 (REV. 6/98)

Registrant Name HENRY CONSULTING GROUP Client Name TRINVEST HEALTHCARE ALL

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 (one per page)

16. Specific lobbying issues

DOD / VA HEALTHCARE

17. House(s) of Congress and Federal agencies contacted

Check if None

HOUSE
SENATE
DOD
VA

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

Name	Covered Official Position (if applicable)
<u>P.T. HENRY</u>	<u>ASSISTANT SECRETARY OF THE ARMY</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature P.T. Henry

Date 1/30/04

Printed Name and Title P.T. HENRY PRESIDENT

Form LD-2 (Rev. 6/98)

P