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LOBBYING REPORT

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

1. Registrant Name
The Petrizzo Group, Inc.

2. Address Check if different than previously reported
444 North Capitol Street, NW Suite 535

3. Principal Place of Business (if different from line 2)
City: Washington State/Zip (or Country) DC 20001

4. Contact Name <u>T.J. Petrizzo</u>	Telephone <u>202.347-3898</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>Children's Hospital & Regional Medical Center</u>			6. House ID # <u>349380</u>

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>100,000</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 accounting method. See instructions for description of options.</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) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature



Printed Name and Title

Thomas "T.J." Petruzzo, President

Registrant Name The Petrizzo Group Client Name Children's Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicaid waiver proposed by Washington for approval by Centers for Medicare Medicaid

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

Centers for Medicare + Medicaid Services
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Thomas "T.J." Petrizzo	
Kara Kennedy	
Shay Hancock	
Scott Lane	

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

Check if None

Signature [Handwritten Signature] Date 2-11-03

Printed Name and Title THOMAS "T.J." Peterizzo, President

F (D 2/02 6/08)

Page 2 of 1

Registrant Name The Petrizzo Group Client Name Children's Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regis engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, prc information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues
State Children's Health Insurance Program (SCH
Legislation addressing nursing shortages

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
<u>Thomas "T.J." Petrizzo</u>	
<u>Kara Kennedy</u>	
<u>Shay Hancock</u>	
<u>Scott Lane</u>	

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



Signature 

Date 2-11-03

Printed Name and Title Thomas "T.J." Peterizzo, President

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Registrant Name The Petrizzo Group Client Name Children's Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Telemedicine Funding

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
<u>Thomas "T.J." Petrizzo</u>	
<u>Kara Kennedy</u>	
<u>Suzanne Hancock</u>	
<u>Scott Lane</u>	

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



Signature *Thomas J. Petruzzello* Date 2-11-03

Printed Name and Title THOMAS "T.J." PETRUZZELLO, President

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