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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			
Address1	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	c. E-mail
Prefix	Full Name		
Ms.	Pamela Trucano	202.626.8550	ptrucano@jeffersonconsulting.co
5. Senate ID #			48782-91
7. Client Name <input type="checkbox"/> Self			6. House ID #
Virtual Drug Development, Inc			3450405

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 12/31/04 11. No Lobbying Acti

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of</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>
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Form Cc

Printed Name and Title Pamela Trucano, Executive Assistant

Registrant Name Jefferson Consulting Group, LLC Client Name Virtual Drug Development, Inc

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 DEF - Defense (one per page)

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

Biodefense

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

House
Senate
Department of Defense

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)
Peter	Kant		
Timothy	Leeth		
Stephen	Schultz		

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

Add a page for a date.

Registrant Name Jefferson Consulting Group, LLC Client Name Virtual Drug Development, Inc

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	Si
1 Peter	Kant		3		
2 Stephen	Schultz		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

1	2	3
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FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1	3	5
2	4	6

Add a page for more .

Printed Name and Title Pamela Trucano, Executive Assistant

