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Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REPORT

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

Jefferson Consulting Group, LLC			
2. Address Check if different than previously reported			
1401 K Street NW	Suite 900		
Washington	oc	20005	US
3. Principal place of business (if different than line 2)	······································		
	Zip or Country		
4a. Contact Name b. Telephone number	c. E-mail		5. Senate ID#
Ms. Pamela Trucano 202.626.8545 ptru	cano@jeffersonconsulti	ng.com	48782-71
7. Client Name Self AMS			6. House ID # 34504004
	2 OR Line 13		11. No Lobbying Acti
INCOME OR EXPENSES - Complete Either Line	12 OR Line 13	***************************************	•••••
12. Lobbying Firms		13. Organi	izations
INCOME relating to lobbying activities for this reporting period	DUBENCES 1	1 . 1. 1. 1	
Was:	were:	ig to loodying ac	tivities for this reporting
was: Less than \$10,000 🔀			tivities for this reporting
	were:	□ ⇔ \$	tivities for this reporting
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Registrant Name Jefferson Consulting Group, LLC	Client Name AMS
LOBBYINGACTIVITY. Select as many codes as necessing engaged in lobbying on behalf of the client during the reprinformation as requested. Attach additional page(s) as necessity and the contraction of the client during the reprinformation as requested.	porting period. Using a separate page for each cod
15. General issue area code GOV - Government Issues	(one per page)
16. Specific lobbying issues	
Financial Management Revenue Collection	
17. House(s) of Congress and Federal agencies contacted	None House Senate Other
Department of Veterans Affairs 18. Name of each individual who acted as a lobbyist in the second se	his issue area
Name	Covered Official Position (if applicable)
Kathy Conrad	
Julia Susman 19. Interest of each foreign entity in the specific issues lie	sted on line 16 above \(\times \) Check if None
Signature	Date 8/14/2007

LD-2DS (Rev. 5.00Mac)

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Page 2

nformation 1	Update Page - Comple	Client Name AMS ete ONLY where registration	
20. Client new ac	ldress	or or the registration	muton nas changea.
21. Client new pr	rincipal place of business (if dit	fferent than line 20)	
City		State/Zip	
22. New general	description of client's business	or activities	
LOBBYIST U		idual who is no longer expected t	o act as a lobbyist for the client
Robert	Thompson	Chul	Yim
Jeremy	Arensdorf	Terrence	Thompson
	ORGANIZATIONS		
25. Add the tollo	owing affiliated organization	(e)	
<u> </u>	Name	Address	Principal place of Busines
			Principal place of Busine (city and state or country)
	Name		(city and state or countr
26. Name of eac	h previously reported organi	Address	(city and state or countr
26. Name of eac	h previously reported organi	Address	with the registrant or client ess Amount of contribution for lobbying activities (city and state or countribution of contribution per
26. Name of eac FOREIGN EN 27. Add the follo	h previously reported organi	Address Exation that is no longer affiliated Principal place of busines	with the registrant or client ess Amount of contribution for lobbying activities (city and state or countribution of contribution percent)
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