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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 10/16/2001

2. House Identification Number N/A Senate Identification Number N/A

REGISTRANT

3. Registrant name JEFFERSON CONSULTING GROUP

Address 1401 K STREET, NW, SUITE 900

City WASHINGTON State DC Zip 20005

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 626-8550 Contact JILL KASPAREK E-mail (optional) jkaspar

6. General description of registrant's business or activities Co

Lobbying and consulting firm.

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should ch*

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name REED ELSEVIER

Address 1150 18TH STREET, NW

City WASHINGTON State DC Zip 20036

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

PUBLISHING/LEGAL

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pe this section has served as a "covered executive branch official" or "covered legislative branch official" within two acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applica
BRENDAN PETER	
ROBERT J. THOMPSON	
JENNIFER KERBER	

[redacted]

Registrant Name JEFFERSON CONSULTING GROUP Client Name REED ELSEVIER

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

CPI

12. Specific lobbying issues (current and anticipated)

DATABASE PROTECTION

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; (
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Jill K. Kasparek Date 02/11/200

Printed Name and Title JILL K. KASPAREK, OFFICE ADMINISTRATOR

[redacted]