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02 FEB -6 AM

November 21, 2001

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20515

Dear Sir,

Enclosed please find a lobbying registration form filed by APCO Worldwide for work we will perform on behalf of The Business Roundtable.

I can be reached at (202) 778 1094 if you have any questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Leyla Kalnizova".

Leyla Kalnizova
Contract Specialist

Enclosures

beijing berlin brussels geneva hanoi ho chi minh city hong kong london los angeles moscow
ottawa paris rome sacramento seattle shanghai shenzhen toronto washington, d.c.



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 REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration November 5,

2. House Identification Number 3092

Senate Identification Number 4117

REGISTRANT

3. Registrant name APCO Worldwide Inc.

Address 1615 L Street, N.W., Suite 900

City Washington State DC Zip 20036

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

City N/A State/Zip (or Country)

5. Telephone number and contact name

(202) 778-1094 Contact Leyla Kalniazova E-mail (optional)

6. General description of registrant's business or activities

Public Relations & Strategic Communications

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name The Business Roundtable

Address 1615 L Street, N.W., Suite 1100

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

Trade Association

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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 applicable)
David Puglia	



Registrant Name APCO Worldwide Inc. Client Name The Business Roundtable

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

TRD

12. Specific lobbying issues (current and anticipated)

HR 3005, The Bipartisan Trade Promotion Authority Act of 2001

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying 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 the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign a registration.

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

Signature  Date November

Printed Name and Title Leyla Kalniazova, Contract Specialist



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02 FEB -1

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 7/20/2001

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **Philip R. Sharp**

Address **10 Magazine Street, #611**

City **Cambridge** State **MA** Zip **02139**

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

City **Same** State/Zip (or Country) _____

5. Telephone number and contact name Contact E-Mail (optional)

202-298-1800 **Amanda Laszczych** **akl@vnf.com**

6. General description of registrant's business or activities

Consultant

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self*

7. Client Name **Van Ness Feldman, P.C.**

Address **1050 Thomas Jefferson Street, NW** **7th Floor**

City **Washington** State **DC** Zip **20007**

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

City **Same** State/Zip (or Country) _____

9. General description of client's business or activities

Law Firm

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Philip Sharp	



Registrant Name: Philip R. Sharp

Client Name: Van Ness Feldman, P.C.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

ENV, FUE

12. Specific lobbying issues (current and anticipated)

Issues related to the development and construction of an Alaska natural gas pipeline to the lower forty-eight states.

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
Foothills Pipe Lines, Ltd.	3100, 707 Eighth Avenue, SW Calgary, AB T2P 3W8 Canada	

FOREIGN ENTITIES

14. Is there any foreign entity that:

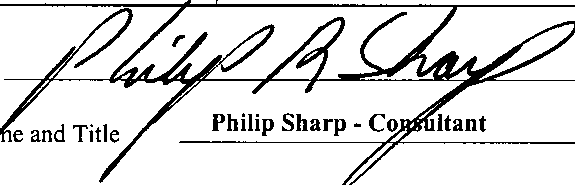
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, the sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities
Foothills Pipe Lines Limited	3100, 707 Eighth Avenue, SW Calgary, AB T2P3W8		\$0.00

Signature



Date 9/12/2001

Printed Name and Title

Philip Sharp - Consultant



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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SECRETARY OF THE PUBLIC RECORDS
02 FEB -6 AM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/1/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self

7. Client Name **Amerigroup Corporation**
 Address **4425 Corporation Lane**
 City **Virginia Beach,** State **VA** Zip **23462**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Medical managed care plan

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Kimberly Spaulding	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **Amerigroup Corporation**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

MED

12. Specific lobbying issues (current and anticipated)

Monitoring legislation pertaining to medicaid and S-Chip program expansion

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

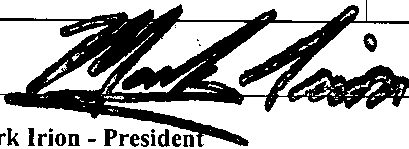
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/15/2001**

Printed Name and Title

Mark Irion - President



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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 9/1/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self*

7. Client Name **Boston Medical Center**
 Address **Talbot Medical Center** **One Boston Medical Ctr Plaza**
 City **Boston,** State **MA** Zip **02118**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Health care provider

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Bradford Card	
Kimberly Spaulding	
Robert Watson	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **Boston Medical Center**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD, HCR

12. Specific lobbying issues (current and anticipated)

Secure funding for a cancer service center on the campus

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

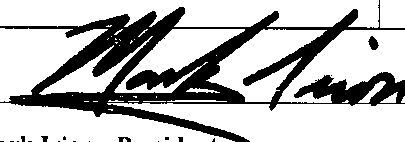
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/15/2001**

Printed Name and Title

Mark Irion - President



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 REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/1/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self

7. Client Name **Magellan Behavioral Health, Inc.**
 Address **6950 Columbia Gateway Drive**
 City **Columbia,** State **MD** Zip **21046**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Health Care Plan

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Ronald Kaufman	
Kimberly Spaulding	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **Magellan Behavioral Health, Inc.**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR

12. Specific lobbying issues (current and anticipated)

Monitoring mental health legislation, S. 543 and HR 162

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes 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 the outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/15/2001**

Printed Name and Title

Mark Irion - President



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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 9/15/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self*

7. Client Name **Radian Inc.**
 Address **5845 Richmond Hwy** **Suite 725**
 City **Alexandria,** State **VA** Zip **22303**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Defense contractor

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Bradford Card	
Robert Watson	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **Radian Inc.**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD, DEF

12. Specific lobbying issues (current and anticipated)

Securing defense appropriations and monitoring security issues

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

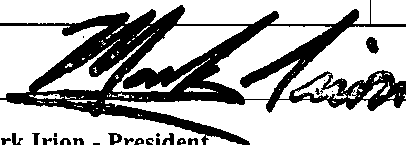
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/15/2001**

Printed Name and Title

Mark Irion - President



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 REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/1/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self

7. Client Name **American Cancer Society**
 Address **701 Pennsylvania Avenue NW**
 City **Washington,** State **DC** Zip **20004**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Raises funds and public awareness of cancer issues

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Gary Andres	
Kimberly Spaulding	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **American Cancer Society**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD, HCR

12. Specific lobbying issues (current and anticipated)

Appropriations for cancer awareness, screening and treatment programs

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

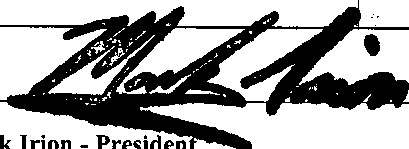
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/15/2001**

Printed Name and Title

Mark Irion - President



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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RE:
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PUBLIC

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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 6/1/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self*

7. Client Name **ICO**
 Address **1730 Rhode Island Avenue 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
Satellite telecommunications company

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Kim K. Bayliss	
Louis Lehrman	
Steve Perry	
Julie Raffensperger	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **ICO**

Item	Description	Data
10a	Lobbyist Name	Stephen Sayle
10b	Covered Official Postion	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **ICO**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

TEC

12. Specific lobbying issues (current and anticipated)

Monitor legislation as it affects satellite communications

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

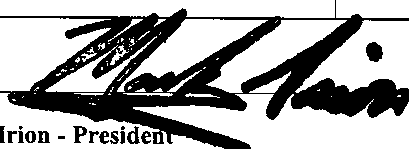
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- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date

8/15/2001

Printed Name and Title

Mark Irion - President



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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PUBLIC RECORDS

02 FEB -6 AM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/15/2001
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **The Dutko Group, Inc.**
 Address **412 First Street SE Suite 100**
 City **Washington** State **DC** Zip **20003**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact **Arthur Silverman** E-Mail (optional) _____
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self

7. Client Name **Intl Assn of Fire Fighters**
 Address **1750 New York Avenue NW**
 City **Washington,** State **DC** Zip **20006**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Organization of Fire Fighters

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Robert Watson	



Registrant Name: **The Dutko Group, Inc.**

Client Name: **Intl Assn of Fire Fighters**

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD, CSP

12. Specific lobbying issues (current and anticipated)

Promote legislation for recovery appropriations and health/safety issues confronting fire fighters

AFFILIATED ORGANIZATIONS

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

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

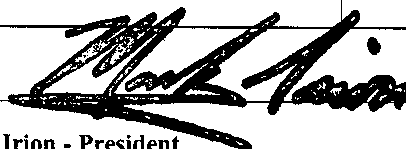
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is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

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature



Date **10/19/2001**

Printed Name and Title

Mark Irion - President

