Clerk of the House of Repre..entatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF
03 AUG 21 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 4/15/2003

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name JEFFERSON CONSULTING GROUP, LLC

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)

6. General description of registrant's business or activities

CONSULTING AND LOBBYING

CLIENT

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

7. Client name INTEGRATED MEDICAL SYSTEMS

Address 1984 OBISPO AVENUE

City SIGNAL HILL State CA Zip 90804

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

City State/Zip (or Country)

9. General description of client's business or activities

DEVELOPMENT, MANUFACTURING AND SALES OF AN INTENSIVE CARE MEDICAL PLATFORM.

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 pers in this section has served as a "covered executive branch official" or "covered legislative branch official" within two yea 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)
CINDY HOWAR	
ROBERT J. THOMPSON	
PETER KANT	
DORSEY CHESCAVAGE	

Registrant Name JEFFERSON CONSULTING GROUP, LLC Client Name INTEGRATED MEDICAL SYSTEMS

LOBBYING ISSUES

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

DEF DIS HOM

12. Specific lobbying issues (current and anticipated)

DEPT. OF DEFENSE AUTHORIZATION AND APPROPRIATIONS
DEPT. OF HOMELAND SECURITY APPROPRIATIONS

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registra 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 t criteria above, then proceed to line 14.

Name	Address	Principal Place of Busines (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 subsidize 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 outco of the lobbying activity?

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

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

Signature Date 08/12/2003

Signature _____

Printed Name and Title JILL K. KASPAREK, OFFICE ADMINISTRATION

Form LD-1 (Rev. 04/03)