



\_\_\_\_\_  
(e) Temporary Address (while lobbying) n/a  
(Street Address) (City, State, Zip Code)

(f) Registrant is:  Lobbyist  Lobbying Entity  Client

**2. Lobbyist(s) working for the Lobbying Entity: Attach a Supplemental Sheet if additional space is needed.<sup>3</sup>**

see above in 1.  
(1)(a) Name \_\_\_\_\_  
(b) Daytime Telephone Number: N/A Cellular Telephone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(2)(a) Name \_\_\_\_\_  
(b) Daytime Telephone Number: \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(3)(a) Name \_\_\_\_\_  
(b) Daytime Telephone Number: \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

**3. Clients of Registrant (when Registrant is a Lobbyist and/or Lobbying Entity)**  
**Note: Registrants must file a separate Lobbyist Registration Form for each person from whom he or she receives compensation (i.e. client).<sup>4</sup>**

(a) Name PUBLIC CONSULTING GROUP  
(b) Daytime Phone Number 617 426 2026 Cellular Telephone Number \_\_\_\_\_  
(c) Address 148 STATE STREET, BOSTON, MA, 02109  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business CONSULTING IN HEALTH CARE & EDUCATION

**4. Terms of Compensation:** (a) MONTHLY (b) ONGOING  
(i.e., Hourly, Annual fee) Duration of Engagement

<sup>3</sup> D.C. Official Code § 1-1162.30(6).  
<sup>4</sup> D.C. Official Code § 1-1162.29(a).

5. Identify matter(s) by subject and formal designation on which the Lobbyist and/or Lobbying Entity expects to lobby on behalf of the client identified in (3) above. Attach a Supplemental Sheet if additional space is needed.

MATTERS AFFECTING HEALTH CARE AND EDUCATION

I, the undersigned, certify and declare under oath that all of my statements on this form is to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001).

MAX BROWN, PARTNER  
Name and Title (Printed)

  
Signature of Registrant<sup>5</sup>

<sup>5</sup> If not an individual, an authorized officer or agent of the Registrant must sign.