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|---|---|
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| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY OF THE SENATE

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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 1/1/2004

2. House Identification Number 36547001 Senate Identification Number 86072-36

## REGISTRANT

3. Registrant name F/S Capitol Consulting, LLC

Address 601 Pennsylvania Ave., NW , Suite 900

City Washington State DC Zip 20004

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

City State/Zip (or Country)

5. Telephone number and contact name

Thomas P. Hogan Contact (202) 434-8918 E-mail (optional) thogan@

6. General description of registrant's business or activities

Government Relations

## CLIENT

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

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

7. Client name Gateway Healthcare

Address 249 Roosevelt Ave, Suite 205

City Pawtucket State RI Zip 02860

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

City State/Zip (or Country)

9. General description of client's business or activities

Mental Health Agency

## 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 p in this section has served as a "covered executive branch official" or "covered legislative branch official" within two y 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) |
|---|---|
| Thomas P. Hogan | |
| John J. Hogan | |
| Carolyn M. Murray | |
| ~~Sierpina J. Sierpina~~ Karen S. Sierpina | |

Registrant Name F/S Capitol Consulting, LLC Client Name Gateway Healthcare

## LOBBYING ISSUES

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

HCR BUD

12. Specific lobbying issues (current and anticipated)

Mental Health Issues, Appropriatons, Medicaid

## AFFILIATED ORGANIZATIONS

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

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

| Name | Address | Principal Place of Busi (city and state or count |
|---|---|---|
| | | |

## 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 subsi 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 ou of the lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eac 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 Thomas P. Hagan Date 03/30/200

Printed Name and Title Thomas P. Hogan, Managing Director

Form LD-1 (Rev. 04/03)