

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

SECRETARY OF THE SENATE

02 FEB 14 PM 5:37

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name FH/GPC			
2. Registrant Address ☐ Check if different than previously reported Address 601 13th Street, N.W. Suite 410 South City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Stephen Cooper		Telephone 202-737-0100	5. Senate ID # 40362-990
7. Client Name ☐ Self Home Care Association of New York State, Inc.		6. House ID # 30174090	

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ >> Termination Date _____ 11. No Lobbying ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 ☐ \$10,000 or more ☒ >> \$ <u>\$20,000.00</u> Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 ☐ \$10,000 or more ☐ >> \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of ☐ Method A. Reporting amounts using LDA definition ☐ Method B. Reporting amounts under section 6033 of the Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Date 2/11/2002



Registrant Name: FH/GPC

Client Name: Home Care Association of New York State, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific Lobbying issues

Medicaid and Medicare payment and standard issues, no specific legislation

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Representatives

Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Cooper, Stephen	
Jacob, Amy	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date 2/11/2002



Registrant Name: FH/GPC

Client Name: Home Care Association of New York State, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Chandler, Rod

Brewster, Bill K.

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature _____ Date 2/11/2002

