Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

02 AUG -2 PM 4: 41

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ✓ 2. House Identification Number 30174107		1. Effective Date of Registration	7/5/02
		Senate Identification Number	40362-1178
REGISTRANT	7		
3. Registrant Name	FH/GPC		
Address	601 13th Street, N.W.	Suite 410 South	
City	Washington	State DC Zip 20005	
Principal place of City	of business (if different from line 3)	State/Zip (or Country)	
5. Telephone numl 202-737-0100	per and contact name Contact Jeremy Shields	E-Mail (optional) shieldsj@fh-gpc.com	
-	tion of registrant's business or activities elations Consulting Firm		
	I lobbying firm is required to file a separate regabeled "Self" and proceed to line 10. St. Francis Hospital	gistration for each client. Organizations employi f	ng in-house lobbyists sho
Address	241 North Road		
City	Poughkeepsie	State NY Zip 12601	
8. Principal place City	of business (if different from line 7)	State/Zip (or Country)	
9. General descrip Health care pr	tion of client's business or activities ovider		
in this section h	as served as a "covered executive branch of	act as a lobbyist for the client identified on lofficial" or "covered legislative branch offic and/or legislative position(s) in which the p	ial" within two years o
Name		Covered Official Positi	ion (if applicable)
Stephen Coop	er		
Amy Jacob			
Julia Souder			

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Registrant Name:	FH/GPC				
Client Name: St. Francis Hospital					
LOBBYING 11. General lobb	ying issue areas. Select all ap			rse side of Form LD-1, page 1	
-	oying issues (current and anti- elated issues	cipated)			
13. Is there an e	D ORGANIZATION ntity other than the client that period and in whole or major	contributes more than	\$10,000 to the lobbying action controls the registrant's lo	vities of the registrant in a bbying activities?	
☒ No. Go to line 14.		Yes. Complete the rest of this section for each entity matching criteria above, then proceed to line 14.			
	Name	A	ddress	Principal Place of Bus (city and state or cou	
a) hol b) dire of t c) is a lob	foreign entity that: ds at least 20% equitable own ectly or indirectly, in whole o the client or any organization	r in major part, plans, s identified on line 13; o	upervises, controls, directs, for on line 13 and has a direct i	n line 13; or finances, or subsidizes activition interest in the outcome of the section for each entity matchin	
X No. Sig	n and date the registration.	☐ Yes.	criteria above, the sign an		
Name	•	Address	Principal Place of Busin	}	
Signature	Title Philip Diehl -	President & COO		Date	

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