

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 5:38

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 <input type="checkbox"/> 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 Barbara Fratarcangelo | | Telephone 202-737-0100 | E-mail (optional) _____ |
| 5. Senate ID # 40362-455 | | | 6. House ID # 30174099 |
| 7. Client Name <input type="checkbox"/> Self Novartis | | | |

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

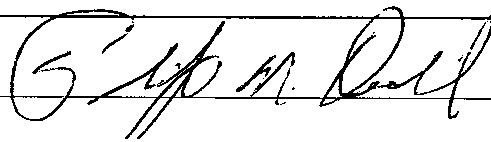
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date 12/31/2001 11. No Lobby

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 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$45,000.00</u> Income (nearest \$20,000) | EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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). | 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definiti <input type="checkbox"/> Method B. Reporting amounts under section 6032 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code |

Signature



Date 2/12/2002



Registrant Name: FH/GPC

Client Name: Novartis

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 HCR (one per page)

16. Specific Lobbying issues
**H.R.1624, Access to Cancer Therapies Act of 2001,
Medicare prescription drug coverage
Medicare coverage of oral cancer drugs**

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) |
|-----------------------------|---|
| Brewster, Bill K. | Member of Congress, Oklahoma |
| Cooper, Stephen | |
| Enzi, Brad | |
| Johnston, Ann Thomas | Legislative Asstant, Rep. Richard Burr |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date 2/12/2002



Registrant Name: FH/GPC

Client Name: Novartis

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

Johnston, Ann Thomas

Enzi, Brad

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 2/12/2002

