

Clerk of the House of Representatives
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Washington, DC 20515

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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 # 40362-1255
7. Client Name <input type="checkbox"/> Self TriWest Healthcare Alliance			6. House ID # 30174109

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

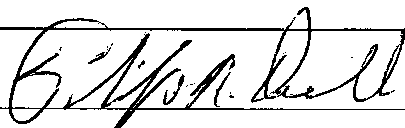
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date 9/30/2001 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 checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this 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 definit <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature _____



Date 2/12/2002



Registrant Name: FH/GPC

Client Name: TriWest Healthcare Alliance

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 BUD (one per page)

16. Specific Lobbying issues
Military healthcare budget

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Defense
Executive Office of the President
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Grisso, Mike	

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: TriWest Healthcare Alliance

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
Healthcare cost payment adjustments

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Defense
Executive Office of the President
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Grisso, Mike	

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: TriWest Healthcare Alliance

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 VET (one per page)

16. Specific Lobbying issues
Monitor only

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)
Grisso, Mike	

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

Signature _____ Date 2/12/2002

