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LOBBYING REPORT

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

1. Registrant Name New York State Association of Health Care Providers, Inc.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 99 Troy Road, Suite 200			
3. Principal Place of Business (if different from line 2) East Greenbush NY/12061 City: State/zip (or Country)			
4. Contact Name Phyllis A. Wang	Telephone (518) 463-1118	E-mail (optional)	5. Senate ID # 29196-12
7. Client Name <input checked="" type="checkbox"/> Self Self			6. House ID # 33586000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec
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

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>\$60,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitive accounting method.</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6032 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code</p>
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Signature  Date 2/17/04

Printed Name and Title Christine L. Johnston, Executive Vice President

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Registrant Name State Association of Health Care Prov Client Name Self

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

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

16. Specific lobbying issues

Insurance and Workers' Compensation—general monitoring

17. House(s) of Congress and Federal agencies contacted Check if None

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

Name	Covered Official Position (if applicable)
Phyllis A. Wang	
Christine L. Johnston	
Julia Tighe	
Molly Williams	

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

Signature *Christine L. Johnston* Date 2/17/04

Printed Name and Title

Christine L. Johnston, Executive Vice President

Form LD-2 (Rec. 4/03)

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Registrant Name State Association of Health Care Prov Client Name Self

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

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

16. Specific lobbying issues

General labor issues monitoring

17. House(s) of Congress and Federal agencies contacted Check if None

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

Name	Covered Official Position (if applicable)
Phyllis A. Wang	
Christine L. Johnston	
Julia Tighe	
Molly Williams	

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

Signature Christine Johnston Date 2/17/04

Printed Name and Title Christine L. Johnston, Executive Vice President

Form LD-2 (Rec. 4/03)

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