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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

Properties 1. Registrant Name FH/GPC	
2. Registrant Address	Suite 410 South
Principal Place of Business (if different from line 2) City State/Zip (or Co	untry)
4. Contact Name Telephone Jeremy Shields 202-737-010	E-mail (optional) 5. Senate ID # 40362-990
7. Client Name Self Home Care Association of New York State, In	c. 6. House ID # 30174090
$\mathbf{\Gamma}\mathbf{YPE} \ \mathbf{OF} \ \mathbf{REPORT} 8. \ \ \mathbf{Year} \underline{2002} $	Midyear (January 1-June 30) X OR Year End (July 1-D
O. Check if this filing amends a previously filed version. Check if this is a Termination Report \(\square >> \) T	Termination Date 11. No Lob
O. Check if this filing amends a previously filed ver	te Either Line 12 OR Line 13 13. Organizations
O. Check if this filing amends a previously filed version. 10. Check if this is a Termination Report NCOME OR EXPENSES - Complete	te Either Line 12 OR Line 13 13. Organizations
O. Check if this filing amends a previously filed verified. Check if this is a Termination Report □ >> TO INCOME OR EXPENSES - Complete 12. Lobbying Firms INCOME relating to lobbying activities for this reperiod was:	te Either Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this reperiod were: Less than \$10,000 \$10,000 or more >> \$ Expenses (nearest accounting method. See instructions for description ient

Printed Name and Title Philip Diehl - President & COO

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Registrant Name:	FH/GPC	,
Client Name:	Home Care Association of New York S	tate, Inc.
engaged in lobbying information as requested. 15. General issues 16. Specific Lobby HR. 4954, Mr. 831, Longon Medicaid an Patients Bill Physician Andrews 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	ng on behalf of the client during the reportion states and the client during the reportion states are a code MMM	Drug Act of 2002, Medicare Reform Act of 2001, Insurance Reform et of 2001, Insurance Reform s, no specific legislation
Department	Congress and Federal agencies contacted of Health & Human Services presentatives	☐ Check if None
18. Name of eac	h individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
·		Covered Citizan County
Cooper, Ste		
Jacob, Amy Souder, Jul		
19. Interest of e	ach foreign entity in the specific issues list	Date 7/5/02

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Client Name: Information U				
Information U	Home Care Associ	iation of New York St	ate, Inc.	,
	Jpdate Page - C	omplete ONLY wher	e registration information has	s changed.
20. Client new addr	ress			
21. Client new prin	cipal place of business (il	f different from line 20)		
City		State/Zip (or Country)		
22. New general de	scription of client's busin	ess or activities		
LOBBYIST U	PDATE			
23. Name of eac Chandler, I		d individual who is no	longer expected to act as a lob	byist for the client
ISSUE UPDA 24. General lob	FE bying issues previou	sly reported that no lo i	nger pertain	R.
AFFILIATED 25. Add the following	ORGANIZATIO	DNS anization(s)		
Name			Address	Principal Place of E (city and state or co
26 N	al annia alumanant	ad arganization that is	no longer affiliated with the re	gistrant or client
FOREIGN EN			no longer arrinated with the re-	P
27. Add the fol	lowing toroign comm	Address	Principal Place of Business	5
N/		Address	(city and state or country)	for lobbying activities
Name	ļ			