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LOBBYING REPORT

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

1. Registrant Name Public Strategies, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1401 Eye St. NW, Suite 220 Washington, DC 20005			
3. Principal Place of Business (if different from line 2) City: Austin State/Zip (or Country) TX 78701			
4. Contact Name William Moore	Telephone (202) 354-8200	E-mail (optional)	5. Senate ID # 57613-53
7. Client Name <input type="checkbox"/> Self The Coalition for Fair Payments to Healthcare Providers			6. House ID # 3191102

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

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 checked="" 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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

William Moore, Managing Director

Registrant Name Public Strategies, Inc. Client Name The Coalition for Fair Payments to Healthcare Provider

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

hospital reimbursements

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

U.S. Senate
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
William Moore	Chief of Staff, Rep. David Price
Katharine McFall	

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

Signature William Moore Date 8/13/02

Printed Name and Title William Moore, Managing Director

