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LOBBYING REPORT

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

1. Registrant Name Wilson, Elser, Moskowitz, Edelman & Dicker LLP			
2. Address <input type="checkbox"/> Check if different than previously reported One Steuben Place			
3. Principal Place of Business (if different from line 2) City: Albany State/Zip (or Country) New York 12207			
4. Contact Name Ann R. Myers	Telephone	E-mail (optional)	5. Senate ID # 41567-12
7. Client Name <input type="checkbox"/> Self Healthcare Association of New York State			6. House ID # 32975000

TYPE OF REPORT 8. Year 2001 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 A

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 checked="" type="checkbox"/> ⇨ \$ <u>60,000.00</u> 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 report 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 method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) 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 Richard Lauricella-Administrative Officer



Registrant Name Wilson, Elser et al Client Name Healthcare Association of

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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

Medicare budget issues affecting New York State

17. House(s) of Congress and Federal agencies contacted
United States Senate
House of Representatives

Check if None

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

Name	Covered Official Position (if applicable)
Kenneth L. Shapiro	
Cynthia D. Shenker	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature 

Date August 14, 2001

Printed Name and Title Richard Lauricella-Administrative Officer



Registrant Name Wilson, Elser et al Client Name Healthcare Association of N

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 LBR (one per page)

16. Specific lobbying issues

Workforce issues

17. House(s) of Congress and Federal agencies contacted

Check if None


United States Senate
House of Representatives

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

Name	Covered Official Position (if applicable)
Kenneth L. Shapiro	
Cynthia D. Shenker	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature 

Date August 14, 2001

Printed Name and Title Richard Lauricella-Administrative Officer



Registrant Name Wilson, Elser et al Client Name Healthcare Association of I

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

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 Busi (city and state or cour

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	O p cl

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature



Date

August 14, 2

Printed Name and Title

Richard Lauricella-Administrative Officer

