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02 APR -2

# LOBBYING REPORT

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

1. Registrant Name <u>Gere Unger, MD, JD, LL.M</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>100 State Street Albany, NY</u>			
3. Principal Place of Business (if different from line 2) City: <u>ALBANY</u> State/Zip (or Country) <u>NY, 12207</u>			
4. Contact Name <u>Gere Unger</u>	Telephone <u>(518) 465-3661</u>	E-mail (optional) <u>JURISMD@Justice.com</u>	5. Senate <u>5241</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House <u>34877</u>

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

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 Lob

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA d
	<input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code

Signature [Handwritten Signature]

Printed Name and Title Gere Ungel, MD, JD, U.M., President / CEO

LD-2 (REV. 6/98)

Registrant Name Gere Unger, MD, JD, LM Client Name Self

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

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

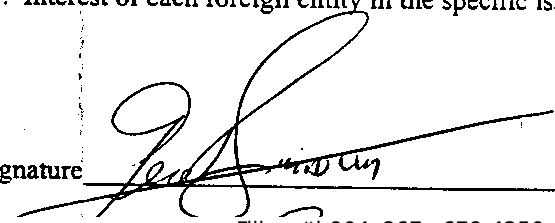
16. Specific lobbying issues  
Regulatory reform  
Tort reform

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

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

Name	Covered Official Position (if applicable)
<u>Alicen J. McGowan, Ph.D</u>	<u>Vice-President</u>

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

Signature  Date 2.3/2/2002

Printed Name and Title Gere Unger, MD, JD, CFM, President/CEO

Form LD-2 (Rev. 6/98)

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Registrant Name Gere Unger, M.D., LLC Client Name SELF

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

100 State Street Ste 910

21. Client new principal place of business (if different from line 20)

City ALBANY

State/Zip (or Country) NY 12207

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 - N/A

**AFFILIATED ORGANIZATIONS - N/A**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

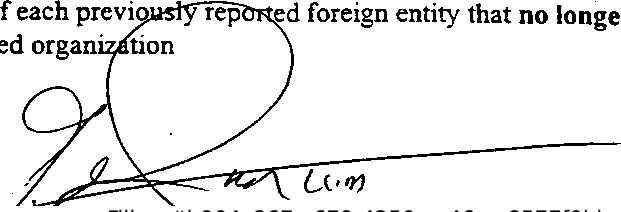
**FOREIGN ENTITIES - N/A**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature



Printed Name and Title

*Gere Unger, M.D., M.P.H. / President / CEO*

Form LD-2 (Rev. 6/98)

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