

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

One Steuben Place, Albany, NY 12207 Tel: (518) 449-8893 Fax: (518) 449-8927

New York • Los Angeles • San Francisco • Washington, DC • Newark • Philadelphia • Baltimore • Atlanta
Chicago • White Plains, NY • Dallas • Albany, NY • San Diego • Houston • Garden City, NY • London
Affiliate Offices: Bonn • Cologne • Frankfurt • Munich • Wiesbaden

www.wemef.com



SECRETARY OF THE SENATE

00 AUG 16 AM 10:30

August 14, 2000

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, D.C. 20510

ID# 41567-12

Dear Sir/Madam:

Enclosed please find a Mid-Year Lobbying Report for Wilson, Elser, Moskowitz, Edelman & Dicker LLP.

Thank you for your attention to this matter. If you have any questions please call me in our Albany office at (518) 449-8893.

Very truly yours

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

Richard Lauricella
Office Manager

RCL/jg

Enclosure

10520.1

Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

Secretary of the Senate
 Office of Public Records
 232 Hart Building
 Washington, DC 20510

RECEIVED
 SECRETARY OF THE SENATE

00 AUG 16 AM 10:30



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) NY 12207			
4. Contact Name Ann R. Myers		Telephone 518-449-8893	5. Senate ID # 41567-12
7. Client Name <input type="checkbox"/> Self Healthcare Association of New York State		6. House ID # 32975000	E-mail (optional)

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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"/> ⇒ \$ <u>60,000.00</u> <small>Income (nearest \$20,000)</small></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/> -0-</p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
---	---

Signature Susan Quinones

Printed Name and Title Susan L. Quinones, Partner

Registrant Name Wilson, Elser et al Client Name Healthcare Association of New York State

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

Medicare budget issues affecting New York State

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

House of Representatives

Senate

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

Name	Covered Official Position (if applicable)	New
Kenneth L. Shapiro		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *Susan Quinones* Date *5/14/02*

Printed Name and Title Susan L. Quinones, Partner