

01 FEB 21 PM 2:32

LOBBYING REPORT


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

1. Registrant Name Group Health Cooperative			
2. Address <input type="checkbox"/> Check if different than previously reported 521 Wall Street Seattle WA 98121			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip/Country: _____			
4. Contact Name Marjorie Hayton	Telephone 206 448-5849	E-mail (optional) hayton.w@ghc.org	5. Senate ID # 43092-24
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 33035000		

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 (the only amendment is that I am re-filing with the correct rather than obsolete form)
 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"/> ⇒ \$ _____ <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"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 83,102 <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 checked="" 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(c) of the Internal Revenue Code</p>

Signature Marjorie Hayton 

Printed Name and Title **Marjorie Hayton, Program Assistant, Public Policy**

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Registrant Name Group Health Cooperative Client Name Self

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 INS (one per page)

16. Specific lobbying issues

**Patient Bill of Rights
Norwood Dingall Bill**

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

**House
Senate
HCFR**

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
<u>Maribeth Capeloto</u>	<u>Director, Federal Relations</u>	<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) Marjorie Hayton Date February 13, 2001
Printed Name and Title Marjorie Hayton, Program Assistant, Public Policy

Registrant Name Group Health Cooperative Client Name Self

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 MMM (one per page)

16. Specific lobbying issues

**Appropriations
Medicare Equity and Access Act of 2000 (Senator Slade Gorton and
Representative Jennifer Dunn)
Breaux/Friske Medicare Bill**

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

**House
Senate
HCPA**

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

Name	Covered Official Position (if applicable)	New
Maribeth Capeloto	Director, Federal Relations	<input type="checkbox"/>
T.J. Petrizzo	Contract Lobbyist	<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 *Marjorie A. Hayton* Date Feb. 13, 2001

Printed Name and Title Marjorie A. Hayton, Program Assistant, Public Policy

Registrant Name Group Health Cooperative Client Name Self

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

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

- House
- Senate
- BCFA
- HHS

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

Name	Covered Official Position (if applicable)	New
Maribeth Capeloto	Director, Federal Relations	<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 *Marjorie Hayton* Date February 13, 2001

Printed Name and Title Marjorie Hayton, Program Assistant, Public Policy

Registrant Name Group Health Cooperative Client Name Self

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 Business (city and state or country)

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	Ownership percentage in client

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

Signature *Marjorie Hayton* Date February 13, 2001

Printed Name and Title Marjorie Hayton, Program Assistant, Public Policy