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LOBBYING REPORT

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

02 AUG -9 AM 8:45

1. Registrant Name <u>Gottelver and Company - BARRY GOTTELVER</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>100 N. Union ST. Suite 202</u>			
3. Principal Place of Business (if different from line 2)			
City: <u>Alexandria</u>		State/Zip (or Country) <u>Va 22314</u>	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
<u>BARRY GOTTELVER</u>	<u>(703) 5498280</u>	<u>gottelverandco@aol.com</u>	<u>1659</u>
7. Client Name <input type="checkbox"/> Self			6. House ID#
<u>Baystate Health System</u>			<u>3330</u>

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

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 Lobbyi

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 checked="" type="checkbox"/> ⇨ <u>\$80,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this r period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20</p> <p>14. REPORTING METHOD. Check box to indici accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defu</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 66 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 14 Internal Revenue Code</p>
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Signature _____

Printed Name and Title BARRY GOTTELVER, President

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Registrant Name Barry Gottehrer
Gottehrer and Co

00020232689
Client Name Westate Health Syst

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

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

16. Specific lobbying issues

Appropriations issues, nursing shortage and Medicare/medicaid reimbursement

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

Check if None

Both Houses

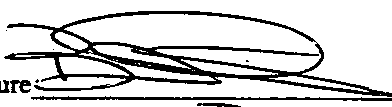
18. Name of each individual who acted as a lobbyist in this issue area

Name

Covered Official Position (if applicable)

Barry Gottehrer

Signature



Date

7/29/02

Printed Name and Title

Barry Gottehrer, President

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