Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building

Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENA

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amende	ed Registration	1. Effective Date of Registration 7/5/02					
2.	House Identification N	Number	Senate Identification Number	40362-1193				
RI	EGISTRANT							
3.	Registrant Name	FH/GPC						
	Address 601 13th Street, N.W.		Suite 410 South					
	City	Washington	State DC Zip 20005					
4.	Principal place of bus City	iness (if different from line 3)	State/Zip (or Country)					
5.	Telephone number an 202-737-0100	d contact name Contact Jeremy Shields	E-Mail (optional) shieldsj@fh-gpc.com					
6.	General description of registrant's business or activities  Government Relations Consulting Firm							
CI	<del>-</del>	ving firm is required to file a separate registre ""Self" and proceed to line 10.   Self	ation for each client. Organizations employing	; in-house lobbyists shou				
<u>7.</u>	Client Name St. Vincent Catholic Medical Centers of NY							
	Address	130 West 12th Street	Suite 4D					
	City	New York	State NY Zip 10011					
8.	Principal place of business (if different from line 7)  City State/Zip (or Country)							
9.								
	OBBYISTS							
10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any per in this section has served as a "covered executive branch official" or "covered legislative branch official" within two first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.								
	Name		Covered Official Position	ı (if applicable)				
	Stephen Cooper			·				
	Amy Jacob							
	Julia Souder	-						

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## 00020221047

Registrant Name:	FH/GPC St. Vincent Catholic Medical Centers of NY							
Client Name:								
LOBBYING 1  11. General lobby  MMM, VET	ring issue are	as. Select all ap	plicable co	odes listed in	instructions and on the re	everse sid	le of Form LD-1, page 1.	
•	= "	urrent and antic	= '	are services				
semiannual pe	ity other than criod and in v	the client that	contribute:	supervises, o	\$10,000 to the lobbying a r controls the registrant's	lobbying	g activities?	
🛚 No. Go to	No. Go to line 14.			☐ Yes.	Complete the rest of this criteria above, then proc	for each entity matching ne 14.		
	Name		Ac		idress		Principal Place of Busi (city and state or coun	
b) direc of the c) is an	oreign entity ( at least 20% tly or indirect client or any	equitable own tly, in whole or y organization i e client or any	in major p dentified o	oart, plans, su on line 13; or	ny organization identified pervises, controls, directs on line 13 and has a direc	, finance	s, or subsidizes activities	
🔀 No. Sign :	egistration.		☐ Yes.	Complete the rest of this criteria above, the sign a		for each entity matching the registration.		
Name			Address		Principal Place of Bu (city and state or cou		Amount of contribution for lobbying activities	
Signature		hilip Djønt - P	Description of the	! De	if	Date _	7/5/02	

Form LD-1 (Rev. 06/98)

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