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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
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LOBBYING REPORT

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

1. Registrant Name Forscey & Stinson, PLLC			
2. Address <input type="checkbox"/> Check if different than previously reported 818 Connecticut Avenue, NW, Suite 1004			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name Michael Forscey	Telephone 202 530 7185	E-mail (optional) main@forstin.com	5. Senate ID # 52880
7. Client Name <input type="checkbox"/> Self Adventist Health System	6. House ID # 349130		

TYPE OF REPORT 8. Year 2002 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

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>120,000</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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Michael A Forscey

Printed Name and Title

Michael A. Forscey, Managing Partner

LD-2 (REV. 6/98)

P.2

Registrant Name Forseey & Stinson, PLLC Client Name Adventist Health System

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

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

16. Specific lobbying issues

S. 812 MEDICARE PRESCRIPTION DRUG BENEFITS ACT
HR. 4954 - MEDICARE PRESCRIPTION DRUG BENEFIT AC

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

HOUSE
SENATE

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

Name	Covered Official Position (if applicable)
<u>Michael Forseey</u>	<u>Managing Partner</u>

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

Signature Michael A Forseey Date 8/7/02
Printed Name and Title Michael Forseey Managing Partner

Registrant Name FORSCEY+ STINSON PLLC Client Name ADVENTIST HEALTH

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

HR. 4954
S. 812

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

HOUSE
SENATE

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

Name	Covered Official Position (if applicable)
<u>MICHAEL FORSCY</u>	<u>MANAGING PARTNER</u>

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

Signature Michael A Forscey Date 8/7/02
Printed Name and Title MICHAEL A. FORSCY MANAGING

