

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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SECRETARY OF THE SENATE
03 AUG 21 PM 2:56

LOBBYING REPORT

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

1. Registrant Name WOH Government Solutions LLC			
2. Address <input type="checkbox"/> Check if different than previously reported One Commerce Place			
3. Principal Place of Business (if different from line 2) City: Albany State/Zip (or Country) New York 12260			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Todd R. Howe	(202) 661-4601		80196
7. Client Name <input type="checkbox"/> Self NYS Association of Health Care Providers, Inc.			6. House ID # 36261

TYPE OF REPORT 8. Year 2003 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>20,000.00</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 

Printed Name and Title TJ Todd R. Howe, President, WOH Government Solutions LLC

LD-2 (REV. 6/98)

P

Registrant Name WOH Government Solutions LLC Client Name NYS Association of Health Care Providers, Inc.

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Federal Funding Assistance - House & Senate Appropriations

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

Check if None

US House of Representatives/Office of C. Rangle
US House of Representatives/Office of J. Sweeney
US House of Representatives/Office of T. Reynolds

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

Name	Covered Official Position (if applicable)
Todd R. Howe	N/A
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature



Date

8/14/03

Registrant Name WOH Government Solutions LLC Client Name NYS Association of Health Care Providers, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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

Federal Funding Assistance - House & Senate Appropriations

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

Check if None


US House of Representatives/Office of C. Rangle
US House of Representatives/Office of J. Sweeney
US House of Representatives/Office of T. Reynolds

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

Name	Covered Official Position (if applicable)
Todd R. Howe	N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 8/14/03

Registrant Name WOH Government Solutions LLC Client Name NYS Association of Health Care Providers, Inc.

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

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

16. Specific lobbying issues

Federal Funding Assistance - House & Senate Appropriations

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

Check if None

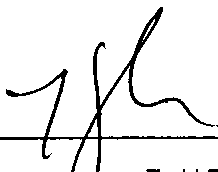
US House of Representatives/Office of C. Rangle
US House of Representatives/Office of J. Sweeney
US House of Representatives/Office of T. Reynolds

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

Name	Covered Official Position (if applicable)
Todd R. Howe	N/A
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature 

Date 8/14/03

Registrant Name WOH Government Solutions LLC Client Name NYS Association of Health Care Providers, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 MMM (one per page)

16. Specific lobbying issues

Federal Funding Assistance - House & Senate Appropriations

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

Check if None

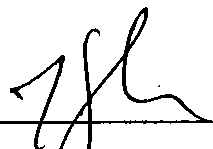
US House of Representatives/Office of C. Rangle
US House of Representatives/Office of J. Sweeney
US House of Representatives/Office of T. Reynolds

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

Name	Covered Official Position (if applicable)
Todd R. Howe	N/A
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 8/14/03

Registrant Name WOH Government Solutions LLC Client Name NYS Association of Health Care Providers, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 GOV (one per page)

16. Specific lobbying issues

Federal Funding Assistance - House & Senate Appropriations

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

Check if None

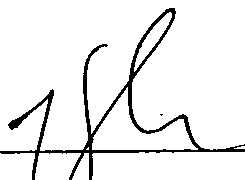
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Signature 

Date 8/14/03

