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LOBBYING REPORT

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

1. Registrant Name <u>NYPROCOA, Inc</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>115 Broadway, Suite 1504</u>			
3. Principal Place of Business (if different from line 2) City: <u>New York City</u> State/Zip (or Country) <u>NY 10006 7945</u>			
4. Contact Name <u>Francisco Diaz</u>	Telephone <u>(212) 566-5600</u>	E-mail (optional) <u>fdiaz@TonioBurgos.com</u>	5. Senate ID # <u>5998</u>
7. Client Name <input type="checkbox"/> Self <u>Empire Blue Cross BLUE SHIELD</u>			6. House ID # <u>36240</u>

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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of: <ul style="list-style-type: none"> <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____

Printed Name and Title TONIO BURGOS, President

Registrant Name NYPROCOA, Inc Client Name Empire Blue Cross Blue Shield

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

16. Specific lobbying issues

Health Insurance Coverage.

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

Check if None

U.S. Rep. Anthony Weiner

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

Name	Covered Official Position (if applicable)
<u>TONIO BURGOS</u>	

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

Check if None

Signature

Date Jan. 26, 20

Printed Name and Title

TONIO BURGOS, President

