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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03 FEB 14 PM 5: 43

I ORRVING REPORT

| | |
|--|--|
| 1. Registrant Name FH/GPC | |
| Registrant Address | Suite 410 South |
| Principal Place of Business (if different from line 2) City State/Zip (or Cou | ntry) |
| 4. Contact Name Telephone Jeremy Shields 202-737-0100 | E-mail (optional) 5. Senate ID # shieldsj@fh-gpc.com 40362-1193 |
| 7. Client Name Self St. Vincent Catholic Medical Centers of NY | 6. House ID # 30174108 |
| 10. Check if this is a Termination Report ☒ >> Te | ermination Date 12/31/2002 11. No Lobb |
| INCOME OR EXPENSES - Complete | te Either Line 12 OR Line 13 |
| INCOME OR EXPENSES - Complete 12. Lobbying Firms INCOME relating to lobbying activities for this representation of the period was: | te Either Line 12 OR Line 13 13. Organizations |
| 12. Lobbying Firms INCOME relating to lobbying activities for this rep | te Either Line 12 OR Line 13 13. Organizations orting EXPENSES relating to lobbying activities for this re |
| 12. Lobbying Firms INCOME relating to lobbying activities for this rep period was: | 13. Organizations EXPENSES relating to lobbying activities for this reperiod were: Less than \$10,000 \$10,000 or more >> |

| Regi | strant Name: | FH/GPC | | | | |
|---------|----------------------------|---|---|--|--|--|
| Clien | nt Name: | St. Vincent Catholic Medical Centers of | NY | | | |
| enga | iged in lobbyin | TVITY. Select as many codes as necessary ag on behalf of the client during the reportinuested. Attach additional page(s) as needed. | to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide | | | |
| 15. | General issue | area code MMM (one per page) | | | | |
| 16. | HR. 4954, M Medicare Pa | Specific Lobbying issues IR. 4954, Medicare modernization and Prescription Drug Act of 2002, Medicare Reform Medicare Payment Issues - no specific legislation Medicare Prescription Drug Benefit, pending legislation | | | | |
| 17 | House(s) of (| Congress and Federal agencies contacted | □ Check if None | | | |
| 17. | Department Department | of Health & Human Services of Veterans Affairs presentatives | | | | |
| 18. | Name of eac | h individual who acted as a lobbyist in this | issue area | | | |
| | Name | | Covered Official Position (if applicable) | | | |
| | Cooper, Ste | phen | | | | |
| | Jacob, Amy | | | | | |
| | | | | | | |
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| <u></u> | | | | | | |
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| | | | | | | |
| 19. | . Interest of e | ach foreign entity in the specific issues liste | d on line 16 above X Check if None | | | |
| | | | 7 , 1 | | | |
| Sig | gnature | Filing #fc70eda6-afb9-459c-84cc-1f7 | Date 2/14/2003 e0967177f - Page 3 of 8 | | | |

| Registrant Na | me: FH/GPC | | | |
|--|---|--|--|--|
| Client Name: | St. Vincent Catholic Medical Center | s of NY | | |
| engaged in lo | ACTIVITY. Select as many codes as necessabbying on behalf of the client during the reposit requested. Attach additional page(s) as need | ary to reflect the general issue areas in which the registrant rting period. Using a separate page for each code, provide led. | | |
| 15. General | issue area code VET (one per pag | e) | | |
| 16. Specific Lobbying issues Veterans Healthcare Services, no specific legislation | | | | |
| | | | | |
| Departi | s) of Congress and Federal agencies contacted ment of Veterans Affairs of Representatives | ☐ Check if None | | |
| 18. Name o | of each individual who acted as a lobbyist in t | nis issue area Covered Official Position (if applicable) | | |
| Cooper | ·, Stephen | | | |
| Jacob, | Amy | | | |
| | | | | |
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| | | | | |
| 19. Interest | of each foreign entity in the specific issues li | sted on line 16 above Check if None | | |
| | | θ : 1 | | |

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| ient Name: | St. Vincent Catho | olic Medical Centers | of NY | | |
|---|---------------------------------------|----------------------------|---|--|--|
| | | | | -hd | |
| formation | Update Page - 0 | Complete ONLY whe | re registration information has | changed. | |
| 0. Client new a | ddress | | | | |
| 1. Client new p | rincipal place of business (| if different from line 20) | | | |
| City | | State/Zip (or Country) | | | |
| 2. New general description of client's business or activities | | | | | |
| LOBBYIST | | | 4- | <u> </u> | |
| 23. Name of e Cooper, S Jacob, Ai | Stephen | ed individual who is no | o longer expected to act as a lobb | yist for the client | |
| SSUE UPD. 24. General le | | usly reported that no lo | nger pertain | | |
| | D ORGANIZATIO | | <u> </u> | | |
| Name | | | Address | | |
| | | | | | |
| 26. Name of | each previously report | ted organization that is | no longer affiliated with the regi | strant or client | |
| FOREIGN 1 27. Add the f | ENTITIES following foreign entit | ies | | | |
| Nan | пе | Address | Principal Place of Business (city and state or country) | Amount of contribution for lobbying activities | |
| | | | | | |
| | each previously reported organization | ted foreign entity that | no longer owns, or controls, or is | affiliated with the reg | |
| | | | | | |
| | | ted foreign entity that | no longer owns, or controls, or is | affiliated with t | |

Printed Name and Title Philip Diehl - President & COO

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