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 1

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amende	d Registration		1. Effecti	ve Date of Registration	4/16/2002	
2.	. House Identification Number			Senate Identification Number			
R	EGISTRANT						
3.	Registrant Name	FH/GPC					
	Address	601 13th Street	Suite 410S				
	City	Washington,DC		State	Zip 20005	USA	
4.	Principal place of busi City	ness (if different f	rom line 3)	State/Zip	(or Country)		
5.	Telephone number and 202-737-7485	and contact name Contact Matthew LaRocco		·	E-Mail (optional) laroccom@fh-gpc.com		
6.	General description of registrant's business or activities						
7.	CLIENT A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobblabeled "Self" and proceed to line 10. ☐ Self Client Name National Council of Higher Education Programs 1100 Connecticut Avenue NW 12th Floor						
	City	Washington		State DC	Zip 20036	USA	
8. 9.	City	f business (if different from line 7) State/Zip (or Country) on of client's business or activities					
	Trade association representing higher education student loan industry						
	in this section has serv	ed as a "covered e	xecutive branch	official" or "cover	or the client identified on lin ed legislative branch officia position(s) in which the per Covered Official Position	l" within two years or son served.	
	Larry LaRocco						
	Matthew LaRocco		 				

רטווו בש־ו (מכץ, טט/פס)

Registrant Name:	FH/GPC								
Client Name:	National Council of Higher Education Programs								
	, page								
•	Specific lobbying issues (current and anticipated) Reauthorization of The Higher Education Act; Debt-Consolidation; Welfare-Reform.								
13. Is there an entity		at contributes more than	\$10,000 to the lobbying activiti or controls the registrant's lobby						
🔀 No. Go to li	No. Go to line 14.		Complete the rest of this section for each entity macriteria above, then proceed to line 14.						
	ame	А	ldress	Principal Place of B (city and state or co					
b) directly	ign entity that: t least 20% equitable ow or indirectly, in whole	<mark>or in major part, plans</mark> , s	my organization identified on linupervises, controls, directs, finar						
c) is an af		n identified on line 13; o y organization identified	r on line 13 and has a direct inter	est in the outcome of the					
🔀 No. Sign and	d date the registration.	☐ Yes.	Complete the rest of this section for each entity matchis criteria above, the sign and date the registration.						
Name		Address	Principal Place of Business (city and state or country)	Amount of contribut					
···									
Signature	Trang &	co - Vice-Chairman	Date	4/19/2002					

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