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LOBBYING REPORT

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

| | | | |
|---|--|---------------------------------------|-----------------------------------|
| 1. Registrant name HC Associates, Inc. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 950 F Street, N.W. Suite 300 Washington DC 20004 US | | | |
| 3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____ | | | |
| 4a. Contact Name Mr. Howard Cohen | b. Telephone number (202) 441-0161 | c. E-mail hcohen@hjclaw.com | 5. Senate ID # 65497-15 |
| 7. Client Name <input type="checkbox"/> Self Merck | 6. House ID # 35598008 | | |

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Activity

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>60,000</u></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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8), Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|---|---|

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Signature Howard Cohen Digitally signed by Howard Cohen
DIC: 20040804143322-0400
 ou=HC ASSOCIATES INC.
 Date: 2008 08 04 14:33:22 -0400

Date 8/4/2006

Printed Name and Title Howard Cohen - President



Registrant Name HC Associates, Inc. Client Name Merck

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Issues relating to Medicare coverage of vaccines in Part D and Part B of Medicare

17. House(s) of Congress and Federal agencies contacted None House Senate Other

House of Representatives
Senate
Centers for Medicare and Medicaid Services
Department of Health and Human Services

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

| Name | Covered Official Position (if applicable) |
|------------------|---|
| Howard Cohen Mr. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature _____ Date 8/4/2006

Printed Name and Title Howard Cohen - President
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Registrant Name HC Associates, Inc. Client Name Merck

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City _____ State/Zip _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|--|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Owner percent client |
|------|---------|--|---|----------------------------|
| | | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, cli
affiliated organization

Signature _____ Date 8/4/2006

Printed Name and Title Howard Cohen - President

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