Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building

Washington, DC 20515

ves Secretary of the Senate

SECRETARY OF THE SENATE

Washington, DC 20510 SECRETARY OF THE SENATE

Washington, DC 20510 SECRETARY OF THE SENATE

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

1. Registrant name			
Organization HC Associates, Inc.			
2. Address Check if different than previously reported			
Address 1 1100 15th Street, N.W., Suite 900			
City Washington State D	DC Zip Code 20005	Country U	
3. Principal place of business (if different than line 2)			
City State City State/2	Zip Code Sip or Country	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
	hen@hjclaw.com	65497-7	
7. Client Name Self		6. House ID#	
Amgen, Inc.		355980	
10. Check if this is a Termination Report □ □ Termination Date INCOME OR EXPENSES - Complete Either Line 1		11. No Lobbying Act	
12. Lobbying Firms	13. Organ	izations	
INCOME relating to lobbying activities for this reporting period was: EXPENSES relating to lob were:		obbying activities for this reporting	
Less than \$10,000 [.]	Less than \$10,000		
\$10,000 or more	\$10,000 or more 🔲 🖒 \$		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Che accounting method. See instruction	eck box to indicate exp s for description of opt	
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions Method B. Reporting amounts under section 6033(b)(Internal Revenue Code		
	Method C. Reporting amoun Revenue Code	ats under section 162(e) of	

Form C

Printed Name and Title Howard Cohen - President

Howard Colu 2114/2005

Registrant Name	HC Associates, Inc.		Client Name Amgen, Inc.			
engaged in lobb		client during the re	ecessary to reflect the general issue areas in which the eporting period. Using a separate page for each codneeded.			
15. General issu	ue area code	Medicare/Medicaid	(one per page)			
16. Specific lob	bying issues		Add page to continuo syvoitin issues de scriptica for lhis issue			
	3: Medicare Prescriptions and coverge for		nent, and Modernization Act of 2003. Issues include biologics.			
17. House(s) of	Congress and Federa					
Senate Executive Br	presentatives ranch of Health and Human		· Office of Management and Budget Matronal Economic Council of the win's House			
18. Name of each	ch individual who act	ed as a lobbyist in	this issue area Ark a page to controle additing lesibyists for			
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)			
Howard	Cohen	Mr.				
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10.1.4.6	1.0	1 '/" '				
19. Interest of e	ach foreign entity in t	he specific issues	listed on line 16 above Check if None			

LD-2DS (REV. 4/03)

Page 2

Registrant Name	HC Associates, Inc.		Client Name Amgen, Inc.
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First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Howard	Cohen	Mr.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Page 3

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Howard	Cohen	Mr.			
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				above X Check if None	

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Add a page for more

Registrant Name HC A	ssociates, Inc.		Client	Name Amgen, I	nc.	
Information Upo	date Page -	Complete ONLY	where reg	istration infor	mation has	changed.
20. Client new addres	s					,
City 21. Client new princi	pal place of busin	ness (if different than l	State line 20)	Zip Code	•••••••••••••••••••••••••••••••••••••••	Country
City 22. New general desc	ription of client'	s business or activities	State	Zip Code	***************************************	Country
LOBBYIST UPD 23. Name of each pr		ted individual who i	s no longe r	expected to act	as a lobbyist	for the client
1			3			
2			4			
24. General lobbyin AFFILIATED OI	RGANIZATI	ONS		Find the code to	select below	1.
25. Add the followin		anization(s)	Address		Princip	al place of Busin
		Address C/S/Z Address C/S/Z				d state or coun Country Country
26. Name of each pr	reviously repor	ted organization that	t is no long	er affiliated with	the registrar	nt or client
FOREIGN ENTI 27. Add the followin		ins				* *
Name	Street Address City	Address State/Province Count	(city an	nl place of business id state or country)	Amount of c	
			City State	Country		
28. Name of each prevaffiliated organizat		foreign entity that no	longer owns	s, <u>or</u> controls, <u>or</u> is	affiliated wit	h the registran
2		<u>3</u>		<u>:</u>	5] 5]	

Printed Name and Title Howard Cohen - President Howard Chen - President