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

1. Registrant Name	
Health Policy Alternatives, Inc.	
2. Address Check if different than previously reported 400 North Capitol St. NW, Suite 7	
3. Principal Place of Business (if different from line 2) City: Sta	te/Zip (or Country) DC 20001
4. Contact Name Telephone Thomas A. Ault 202-737-3390	E-mail (optional) 5. Senate I 1787
7. Client Name 🚨 Self Johnson & Johnson	6. House ID 3126
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Signature_

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Covered Official Position (if applicable)

line 16 above
Date July 30, 2004

Printed Name and Title

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