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# LOBBYING REPORT

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

1. Registrant Name <u>eHealth Initiative</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1500 K Street N.W., Suite 900, Washington D.C. 20005</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Ticia Gerben</u>	Telephone <u>(202) 624-3264</u>	E-mail (optional)	5. Senate ID # <u>284755</u>
7. Client Name <input checked="" type="checkbox"/> Self <u>eHealth Initiative</u>			6. House ID # <u>368990</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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 Lobbyin

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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 type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,</p> <p><b>14. REPORTING METHOD.</b> Check box to indica accounting method. See instructions for description (</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 14 Internal Revenue Code</p>
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Signature Ticia Gerben

Printed Name and Title Ticia Gerben / Director of Public Affairs



03/11/2005 FRI 15:09 FAX

Registrant Name eHealth Initiative Client Name Self

**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 cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

*Health information technology  
healthcare quality and safety  
National health information infrastructure*

17. House(s) of Congress and Federal agencies contacted  Check if None

*House, Senate, 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)
<i>Ticia Gerben</i>	<i>Director of Public Affairs</i>

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

Signature *Ticia Gerben* Date *3/11/05*

Printed Name and Title *Ticia Gerben, Director of Public Affairs*

