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**LOBBYING REPORT**

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

1. Registrant Name Health Policy Source, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 10387 Friars Road, Ste. 307			
3. Principal Place of Business (if different from line 2) San Diego CA 92120 City: State/zip (or Country)			
4. Contact Name Monica Tencate	Telephone (619) 229-1204	E-mail (optional) mtencate@healthpolicysource.com	5. Senate ID # 74135-113
7. Client Name <input type="checkbox"/> Self Strategic Health Solutions, LLC			6. House ID # 36052006

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-D
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 Lobby

<b>INCOME OR EXPENSES</b> Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b> <b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000.00</u> Income (nearest \$20,000)	<b>13. Organizations</b> <b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
<b>14. REPORTING METHOD.</b> Check box to indicate reporting accounting method. See instructions for description of method. <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code	
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).	

Signature Monica Tencate Date 8/13/03

Printed Name and Title Monica Tencate, President

Registrant Name Health Policy Source, Inc. Client Name Strategic Health Solutions, LLC

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each information as requested. Attach additional page(s) as needed.**

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

16. Specific lobbying issues

Issues relating to the Medicare prescription drug benefit, Average Wholesale Price, and Medicaid.

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

Centers for Medicare & Medicaid Services  
U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Monica Tencate	Health Policy Director, Senate Finance Committee
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.....	.....

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

Signature MONICA TENCATE Date 8/13/03

Printed Name and Title Monica Tencate, President

Registrant Name Health Policy Source, Inc. Client Name Strategic Health Solutions, LLC

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each information as requested. Attach additional page(s) as needed.**

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

16. Specific lobbying issues

Issues relating to the Vaccine Injury Compensation Program.

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

Centers for Medicare & Medicaid Services  
U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Monica Tencate	Health Policy Director, Senate Finance Committee

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

Signature Monica Tencate Date 8/13/03

Printed Name and Title Monica Tencate, President

Form ID: 103

2