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## LOBBYING REPORT

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

1. Registrant name			
Organization		HC Associates, Inc.	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 1100 15th Street, N.W., Suite 900			
City	Washington	State	DC
		Zip Code	20005
			Country USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
			Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Howard	Cohen	hcohen@hjclaw.com
7. Client Name		<input type="checkbox"/> Self	
Merck			
		5. Senate ID #	
			65497-152
		6. House ID #	
			35598008

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 3)

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

<h4>12. Lobbying Firms</h4> <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>	<h4>13. Organizations</h4> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <h4>14. REPORTING METHOD.</h4> <p>Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Cor

Printed Name and Title Howard Cohen - President

*Howard Cohen*

*August 3, 2005*



Client Name **Merck**

15. General issue area code **MMM - Medicare/Medicaid** (one per page)

Implementation issues of P.L. 108-173: The Medicare Prescription Drug, Improvement, and Modernization Act of 2003.  
Medicaid issues in the Concurrent Resolution on the Budget - Fiscal Year 2006.

House of Representatives  
Senate  
Department of Health and Human Services

[illegible]

Filing #4abfca6e-e20a-4c8b-a951-d1537bb723da - Page 3 of 10



Client Name **Merck**

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

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

(iii)  $\lim_{n \rightarrow \infty} \frac{1}{n} \sum_{i=1}^n \log \frac{1}{p_i} = \lim_{n \rightarrow \infty} \frac{1}{n} \sum_{i=1}^n \log \frac{1}{p_i} = H(p)$

Implementation issues of P.L. 108-173: The Medicare Prescription Drug, Improvement, and Modernization Act of 2003.  
Medicaid issues in the Concurrent Resolution on the Budget - Fiscal Year 2006.

☐ Check if None

House of Representatives  
Senate  
Department of Health and Human Services

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

[illegible]

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









Registrant Name HC Associates, Inc.Client Name Merck**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

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)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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

1

2

3

**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
	Street Address			
	City	State/Province Country		
		City		
		State Country		

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

1

3

5

2

4

6

Printed Name and Title Howard Cohen - President

