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SECRETARY OF THE SENATE

03 FEB 24 PM 12:10

LOBBYING REPORT

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

1. Registrant Name Health Policy Alternatives, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 400 North Capitol St. NW, Suite 799			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20001			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Richard Lauderbaugh	202-737-3390		17875
7. Client Name <input type="checkbox"/> Self	American Nurses Association		6. House ID
			31262

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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 checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (near</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 179 of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 179 of Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Health Policy Alternatives Client Name American Nurses Association

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

Medicare payment issues; work force issues

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

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

Name	Covered Official Position (if applicable)
Richard A. Lauderbaugh	

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

Signature *Richard A. Lauderbaugh* Date February 10, 2

Printed Name and Title Richard A. Laudeybaugh

Form LD-2 (Rev.6/98)

Page .