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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered  
with the Office of the Clerk? Yes  No1. Effective Date of Registration 06/29/20052. House Identification Number 35598Senate Identification Number 65497**REGISTRANT**3. Registrant name Organization HC Associates, Inc.Address 1100 15th Street, N.W. Suite 900City WashingtonState DCZip 20005Country USA

4. Principal place of business (if different than line 3)

City

State

Zip

5. Telephone number and contact name

Prefix Full Name

(202) 441-0161Contact Mr.Howard CohenE-mail hcohen@hjclaw.com

6. General description of registrant's business or activities

Lobbying and legislative consulting firm specializing in health care issues.**CLIENT** *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self7. Client name Pfizer, Inc.Address 235 East 42nd StreetCity New YorkState NYZip 20005Country USA

8. Principal place of business (if different than line 7)

City

State

Zip

Country

9. General description of client's business or activities

Pharmaceutical Company**LOBBYISTS**

Go to page 3 to add more to

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	
Howard	Cohen	Mr.	



Registrant Name HC Associates, Inc.

Client Name Pfizer, Inc.

**LOBBYING ISSUES** Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

HCR

MMM

12. Specific lobbying issues (current and anticipated)

Issues Involving the Medicare Part D Prescription Drug Benefit and Medicaid.

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more organiza

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

**FOREIGN ENTITIES**

Go to page 3 to add more foreign

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage
	Street Address	State/Province	Country			

Form Comp

Printed Name and Title Howard Cohen, President

*Howard Cohen 6/29/20*



Registrant Name HC Associates, Inc.

Client Name Pfizer, Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish the*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name Last	Suffix	Covered Official Position (if applicable)

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish the*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish the*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number

Name	Address	Principal place of Business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish the*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own percenta
	Street Address City	State/Province	Country			

Printed Name and Title Howard Cohen, President

*Howard Cohen 612912008*

