

SECRETARY OF THE SENATE  
05 FEB -1 PM 2:15  
INC REPORT

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

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

10. Check if this is a Termination Report ☐ ➡ Termination Date \_\_\_\_\_

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

**Signature**

Date 01-23-05

Printed Name and Title

VICKI HALL, President

LD-2 (REV. 4/03)

PAGE 1 of 6

Registrant Name Hart Health Strategies Client Name Johnson & Johnson

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

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

16. Specific lobbying issues

Monitoring health legislation and regulation

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

Department of Health and Human Services  
U. S. Senate  
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
Vicki Hart	

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

Signature Vicki Hart Date 01-23-05

Printed Name and Title Vicki Hart, President



Registrant Name Hart Health Strategies Client Name Johnson & Johnson

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

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

City \_\_\_\_\_ State/Zip (or 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

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

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

**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

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

Signature Vicki Hart Date 01-23-05

Printed Name and Title Vicki Hart, President

