$\text{Go to }\mathcal{T}_{i}$

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

RECEIVED. SECRETARY OF THE SENATE

05 AUG -5 AM II: 15

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 Check if different than previously reported			
Address 1 1100 15th Street, N.W. Suite 900			
City Washington State D	C Zip Code 20005	Country US/	
3. Principal place of business (if different than line 2)			
City State City State/Z	Zip Code ip or Country	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
	nen@hjclaw.com	65497-75	
7. Client Name Self Amgen, Inc.		6. House ID # 3449800:	
TVPF OF REPORT 8 Year 2005 Midyear (Januar	ry I-June30) 🗵 OR Yea	r End (July 1-December	
	y ramically <u>m</u> OR rec	ii End (valy 1 December	
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 Activ	
INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13		
12. Lobbying Firms	13. Organ	nizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying a were:	etivities for this reporting	
Less than \$10,000 [Less than \$10,000		
\$10,000 or more 🗵 🖒 \$ <u>100,000</u>	\$10,000 or more		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expe accounting method. See instructions for description of opti-		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions Method B. Reporting amounts under section 6033(b)(Internal Revenue Code		
		ints under section 162(e) of t	
<u></u>			

Form Co

•

Registrant Name HC Associates, Inc.			Client Name Amgen, Inc.			
engaged in lobb	ACTIVITY. Select a bying on behalf of the requested. Attach add	client during the re	rcessary to reflect the general issue areas in which the reporting period. Using a separate page for each code needed.			
15. General issu	ue area code MMM - I	Medicare/Medicaid	(one per page)			
16. Specific lob	bying issues					
2003. Issue	s include the reimburs	ement and coverag	n Drug, Improvement, and Modernization Act of ge of Part B biologics. Dolution on the Budget Fiscal year 2006.			
17. House(s) of	Congress and Federa	l agencies contacte	ed Check if None			
Senate Department	of Health and Human ch individual who act		this issue area			
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)			
Howard	Cohen	Mr.				
er e	,					
			en e			
19. Interest of e	ach foreign entity in t	he specific issues I	isted on line 16 above X Check if None			

LD-2DS (REV. 4/03)

Page 2

Registrant Name	HC Associates, Inc.		Client Name Amgen, Inc.
engaged in lobby	CTIVITY. Select as ying on behalf of the cequested. Attach additionally additionally are selected.	lient during the re	rcessary to reflect the general issue areas in which the porting period. Using a separate page for each codneeded.
15. General issue	e area code HCR - He	ealth Issues	(one per page)
16. Specific lobb	oying issues		
2003. Issues	s include the reimburse	ement and coverage	on Drug, Improvement, and Modernization Act of ge of Part B biologics. olution on the Budget Fiscal year 2006.
17. House(s) of	Congress and Federal	agencies contact	ed Check if None
Senate Department of	presentatives of Health and Human s th individual who actor		this issue area
First Name	· · · · · · · · · · · · · · · · · · ·		Covered Official Position (if applicable)
Howard	Cohen	Mr.	
		,	
19. Interest of e	ach foreign entity in	the specific issues	s listed on line 16 above \(\overline{\infty}\) Check if None

LD-2DS (REV. 4/03)

Page 3

Registrant Name _	HC Associates, Inc.		Client Name Amgen, Inc.
engaged in lobby		lient during the re	cessary to reflect the general issue areas in which the porting period. Using a separate page for each code needed.
15. General issu	e area code INS - Ins	urance	(one per page)
16. Specific lobb	oying issues		
2003. Issues	s include the reimburse	ement and coverag	n Drug, Improvement, and Modernization Act of ge of Part B biologics. olution on the Budget Fiscal year 2006.
17. House(s) of	Congress and Federal	agencies contacte	ed Check if None
	of Health and Human S		this issue area
18. Name of each individual who acted as a lobbyist in this issue area Name Covered Official Position (if a First Name Last Name Suffix		Covered Official Position (if applicable)	
Howard	Cohen	Mr.	
y ar y			
,			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19. Interest of e	ach foreign entity in t	he specific issues	listed on line 16 above \(\overline{\infty} \) Check if None

LD-2DS (RFV, 4/03)

Page 4

Registrant Name HC A	ssociates, Inc.		Client Nai	ne Amgen, In	c.		
Information Upo			Y where regist	, ration inforn	nation has cha	nged.	
20. Client new addres							
Address							
City			State	Zip Code		Country	
21. Client new princip	pal place of bus	iness (if different th	an line 20)				
City			State	Zip Code		Country	
22. New general desc	ription of client	's business or activ	ities		,		
LOBBYIST UPD	ATE			 			
23. Name of each pr	reviously repo			pected to act a	s a lobbyist for t	he client	
First Name	Last Name	e Suffi	_	irst Name	Last Name	211	
1			3				
2			4				
ISSUE UPDATE							
24. General lobbyin	no issues that n	o longer pertain	Fir	nd the code to	select below.		
24. General lonoyin	is issues tille ti	o touger pertam					
				······································			
AFFILIATED O	RGANIZAT	IONS					
25. Add the following	ng affiliated or	ganization(s)					
Nan	ne		Address		Principal pla		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(city and sta	ite of countr	
		Address			City	_	
		C/S/Z				State Country	
		Address			City		
		C/S/Z			State		
26. Name of each p	reviously repo	rted organization	that is no longer	affiliated with	the registrant or	client	
		2		3			
FOREIGN ENT	ITIES						
27. Add the followi		ities					
Name		Address	Principal p	lace of business	Amount of contril	bution Ov	
	Street Addre	Cs a (Dim.a	Country (city and s	state or country')	for lobbying acti	vities chie	
			City				
			Ctota	Country			
		<u> </u>	State	Country			
28. Name of each pro		d foreign entity that	t no longer owns,	<u>or</u> controls, <u>or</u> is	affiliated with th	e registrant	
affiliated organiza	nom			[:	ภ		
		3		<u>.</u>	=		
121		4		Ľ	ച		

8 7 1 1 1 XX

1.D-2DS (REV. 4/03)

Page _