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LOBBYING REPORT

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

| | | | |
|---|----------------------------------|-------------------|-----------------------------------|
| 1. Registrant Name Health Policy Analysts, Inc. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1350 I STREET, NW, Suite 870, Washington DC 20005 | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name G. Lawrence Atkins | Telephone 202-638-0551 | E-mail (optional) | 5. Senate ID # 17866-51 |
| 7. Client Name <input type="checkbox"/> Self New Jersey Organ + Tissue Sharing Network | | | 6. House ID # 33641004 |

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 | |
|--|---|
| <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> <small>Income (nearest \$20,000)</small></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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Signature _____

Printed Name and Title **G. Lawrence Atkins, President**

Registrant Name Health Policy Analysts Client Name NS Organ + Tissue Sharing Network

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

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

16. Specific lobbying issues

Certification of Organ Procurement Organizations
HR 2418 HR 4512 HR 4577
HR 3194 HR 2625 S. 2553


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

US House of Representatives
US Senate

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

| Name | Covered Official Position (if applicable) | Net |
|---------------------------|---|--------------------------|
| <u>G. Lawrence Atkins</u> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature  Date 2-13-01
Printed Name and Title G. Lawrence Atkins, President