

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

SECRETARY OF
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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 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 Thomas A. Ault	Telephone 202-737-3390	E-mail (optional)	5. Senate ID 1787
7. Client Name <input type="checkbox"/> Self Pharmaceutical Research & Manufacturers of America			6. House ID 3126

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-12/31) ☐

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 Lobby ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇒ \$ 60,000
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6011 Internal Revenue Code

☐ Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____

Registrant Name Health Policy Alternatives Client Name Pharmaceutical Research & Manu

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Technical assistance on various issues related to Medicare coverage and reimbursement of pharmaceuticals, including the Medicare outpatient PPS

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)
Thomas A. Ault	

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

Signature  Date July 30, 2004

Printed Name and Title

Thomas A. Ault, President

Printed Name and Title Thomas A. Ault, Principal

Form LD-2 (Rev. 6/98)

Page 2