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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 Source, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 16625 Dove Canyon Road, Ste. 102-412, San Diego, CA 92127			
3. Principal Place of Business (if different from line 2) Washington DC City: State/zip (or Country)			
4. Contact Name Monica Tencate	Telephone (858) 618-5525	E-mail (optional) mtencate@healthpolicysource.com	5. Senate ID # 74135-75
7. Client Name <input type="checkbox"/> Self Genentech			6. House ID # 36052002

TYPE OF REPORT 8. Year 2004 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 ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>\$60,000.00</u> <div style="text-align: center;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div>
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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op <input type="checkbox"/> Method A. Reporting amounts using LDA definitic <input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Monica Tencate

Signature _____ Date _____

Printed Name and Title _____
Monica Tencate, President

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Health Policy Source, Inc. Client Name Genentech

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 and attach additional page(s) as needed.

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

16. Specific lobbying issues

Issues relating to reimbursement of biotech drugs, including HOPPS, AWP and the prescription drug benefit under the Medicare program.

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

Centers for Medicare & Medicaid Services
Department of Health & Human Services
U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)
Monica Tencate	
Daniel Boston	

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

Signature Monica Tencate Date 08-12-04

Printed Name and Title Monica Iencate, President

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name Health Policy Source, Inc. Client Name Genentech

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

20. Client new address

1399 New York Ave., NW #300

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

City Washington

State/Zip (or Country) DC 20005

22. New general description of client's business or activities

Biotechnology company

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 Business (city and state or country)

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

Morica Teucate

Date

08/12/04

Printed Name and Title Monica Tencate, President

Form LD-2 (Rev. 4/03)

Page 3