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Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE
04 JUL 23 PM 2:

LOBBYING REPORT

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

1. Registrant Name

HealthPartners, Inc

2. Address ☐ Check if different than previously reported

8100 34th Ave South

3. Principal Place of Business (if different from line 2)

Minneapolis (City:) MN/55440 (State/zip (or Country))

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Geoffrey Bartsh	(952) 883-7239	geoff.j.bartsh@healthpartners.con	45128-2

7. Client Name ☑ Self

6. House ID # 34255000

TYPE OF REPORT

8. Year 2004 Midyear (January 1-June 30) ☑ **OR** Year End (July 1-Dec

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 Lobbyi

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 ☐ ➪ $ _____ 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 repo period were:

Less than $10,000 ☐

$10,000 or more ☑ ➪ $ $20,000.00 Expenses (nearest $20,00

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

☐ **Method A.** Reporting amounts using LDA definit

☑ **Method B.** Reporting amounts under section 603 Internal Revenue Code

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

7/16/04

Signature _____ Date _____

Printed Name and Title Geoffrey Bartsh, Director of Legislative Affairs

LD-2 (REV. 4/03) PAGE 1 (

Registrant Name HealthPartners, Inc Client Name

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

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

16. Specific lobbying issues

Medicare Cost Product
Rulemaking - Medicare Modernization Act of 2003

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

CMS
U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Donna Zimmerman	VP, Government and Community Relations
Geoffrey Bartsh	Director of Legislative Affairs
Alliance of Medicare Cost Contractors	

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

Signature [signature] Date 7/16/04

Printed Name and Title Geoffrey Bartsh, Director of Legislative Affairs

Registrant Name HealthPartners, Inc Client Name

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 activites

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

DCI Associates (was not employed to act as a lobbyist for the organization during the reporting period, but may b employed to lobby on behalf of the organization in future reporting periods).

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 B (city and state or c

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 Date 7/16/04