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

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 3-16-04

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Health Policy Alternatives, Inc.

Address 400 North Capitol St. NW, Suite 799

City Washington State DC Zip 20001

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 737-3390 Contact Tom Ault E-mail (optional)

6. General description of registrant's business or activities

Consulting services related to health policy issues

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should che

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name GlaxoSmithKline

Address 200 N. 16th St.

City Philadelphia State PA Zip 19102

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

Pharmaceutical manufacturer

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pers this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicabl
Thomas Ault	

Form LD-1 (Rev. 06/98)

Registrant Name Health Policy Alternatives Client Name GlaxoSmithKline

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

HCR

12. Specific lobbying issues (current and anticipated)

Policies and payment rates under the Medicare outpatient prospective payment

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the r a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying a

☒ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or cou

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or su activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign an registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	(p i

Signature [signature] Date 3/29/04

Printed Name and Title Thomas A. Ault, Principal

Form LD-1 (Rev. 06/98)