| 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 SENAT
04 APR 12 PM 3:23

# 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.com | 45128-2 |

7. Client Name ☑ Self

6. House ID # 34255000

## TYPE OF REPORT

8. Year 2003 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 Lobbyir

## 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 repor period were:

Less than $10,000 ☐

$10,000 or more ☑ ➪ $ $80,000.00
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 definiti
☑ **Method B.** Reporting amounts under section 6033 Internal Revenue Code
☐ **Method C.** Reporting amounts under section 162( Internal Revenue Code

Signature [signature] Date 2/17/04

Printed Name and Title Geoffrey Bartsh, Legislative Manager, Government Relations

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

Registrant Name HealthPartners, Inc. Client Name

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

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

16. Specific lobbying issues

HR 1 - Medicare Modernization Act

Medicare Cost Contract Extension
Medicare + Choice Payments

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

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

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

| Name | Covered Official Position (if applicable) |
|---|---|
| William Fehrenbach | Director, Government Relations |
| Donna Zimmerman | V.P. Government and Community Relations |
| Geoffrey Bartsh | Legislative Manager, Government Relations |
| | |
| DCI Associates | |
| Alliance of Medicare Cost Contractors | |
| | |

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

Signature Geoffrey Bartsh Date 2/17/04

Printed Name and Title Geoffrey Bartsh, Legislative Manager, Government Relations

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 HCR (one per page)

16. Specific lobbying issues

H.R. 660 - Small Business Health Fairness Act

Opposition to Association Health Plans

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

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) |
|---|---|
| William Fehrenbach | Director, Government Relations |
| Donna Zimmerman | V.P. Government and Community Relations |
| Geoffrey Bartsh | Legislative Manager, Government Relations |
| | |
| DCI Associates | |
| Alliance of Medicare Cost Contractors | |
| | |
| | |

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

Signature Geoff Bartsh Date 2/17/04

Printed Name and Title Geoffrey Bartsh, Legislative Manager, Government Relations

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

N. William Fehrenbach

## 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 Bu (city and state or co |
|---|---|---|
| | | |

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 2/17/04

Printed Name and Title Geoffrey Bartsh, Legislative Manager, Government Relations