

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
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SECRETARY OF THE SENATE  
02 MAY 13 PM 2:16

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 04/01/2

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name The Harbour Group, LLC

Address 3000 K Street, NW Suite 105

City Washington

State DC

Zip 2

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 295-8787

Contact Joel Johnson E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Public Relations Firm

### CLIENT

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

*check the box labeled "Self" and proceed to line 10.*

Self

7. Client name Pharmaceutical Research and Manufacturers of America ("PhRMA")

Address 1100 Fifteenth Street, NW

City Washington

State DC

Zip 20

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Association of research-based pharmaceutical manufacturers

### 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within the client, 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 applicable)
<u>Joel Johnson</u>	<u>Senior Advisor to the President for Policy and Co</u>



Registrant Name The Harbour Group, LLC Client Name PhRMA

**LOBBYING ISSUES**

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

HCR PHA MMM \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Assist PhRMA in developing and implementing an appropriate public policy strategy.

**AFFILIATED ORGANIZATIONS**

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

- No ⇨ Go to line 14.
- Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying 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 lobbying activity?

- No ⇨ Sign and date the registration.
- Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business	Amount of contribution for lobbying activities

Signature  Date 0  
Printed Name and Title Joel Johnson, Managing Director

