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## LOBBYING REPORT

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

1. Registrant Name <b>The PMA Group, Inc.</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1755 Jefferson Davis Highway</b> <b>Suite 1107</b> City <b>Arlington</b> State/Zip (or Country) <b>VA 22202</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City <b>Same</b> State/Zip (or Country)			
4. Contact Name <b>Kaylene Green</b>			5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Novartis Corporation</b>			6. House ID #

**TYPE OF REPORT** 8. Year 2002 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 Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6031 of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 1621 of the Internal Revenue Code

Signature \_\_\_\_\_ Date 8/5/2002



Registrant Name: **The PMA Group, Inc.**

Client Name: **Novartis Corporation**

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

15. General issue area code **BUD** (one per page)

16. Specific Lobbying issues  
**Oral cancer therapeutic medicare coverage**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**House of Representatives**  
**Senate**

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

Name	Covered Official Position (if applicable)
<b>Fleming, Don</b>	
<b>Green, Kaylene</b>	
<b>Magliocchetti, Paul</b>	
<b>Mioduski, Mark</b>	<b>Staff Assistant, Committee on Appropriations</b>
<b>Sanders, Timothy</b>	

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

Signature *Kaylene Green* Date 8/5/2002

