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LOBBYING REPORT

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

1. Registrant Name Powell, Goldstein, Frazer & Murphy LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, N.W., Suite 600, Washington, D.C. 20004			
3. Principal Place of Business (if different from line 2) City: N.A. State/Zip (or Country)			
4. Contact Name Michael Fine	Telephone (202) 347-8066	E-mail (optional)	5. Senate ID # 31942-443
7. Client Name <input type="checkbox"/> Self Public Hospital Pharmacy Coalition			6. House ID # 31255045

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES 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>120,000</u> <small>Income (nearest \$20,000)</small>	\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title _____

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 PHA (one per page)

16. Specific lobbying issues

§340B of the Public Health Service Act
FY 2001 Labor/HHS Appropriations Act (H.R. 4557, S. 2553)
Obtaining a safe harbor for compassionate care programs associated with hospital formulary selection

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

U.S. House of Representatives
 U.S. Senate
 Department of Health and Human Services
 (Food & Drug Administration, Health Care Financing Administration, Health Resources & Services Administration)
 White House

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

Name	Covered Official Position (if applicable)	New
William von Oehsen		<input type="checkbox"/>
Ted Slafsky		<input type="checkbox"/>
Lisa Shapiro		<input type="checkbox"/>
Larry Gage		<input type="checkbox"/>
Robert Falk		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name Public Hospital Pharmacy Coalition

Information Update Page - Complete ONLY where 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 activities

LOBBYIST UPDATE

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

Anne Lewis

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 Business (city and state or country)

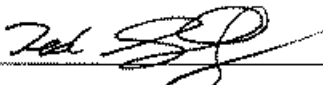
26. Name of each previously reported organization that is no longer affiliated with the registrant or client

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	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns or controls, or is affiliated with the registrant, client or affiliated organization

Signature  Date 8/10/00
Printed Name and Title Ted Slafsky, Director, Public Hospital Pharmacy Coalition