

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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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/25/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Fleischman and Walsh, L.L.P.

Address 1919 Pennsylvania Ave, NW

City Washington

State DC

Zip 20006

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 939-7980

Contact James E. Link

E-mail (optional) Jlink@fw-lav

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* Self

7. Client name Association of Community Pharmacists, Inc.

Address 3341 Ridgecrest Court

City Raleigh

State NC

Zip 27607

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Pharmacy Association

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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)
James Link	
Louis Dupart	
John McAllister, Stanley Skocki, III	

Registrant Name Fleischman and Walsh, L.L.P. Client Name Association of Community Pharmacists, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

PHA MED

12. Specific lobbying issues (current and anticipated)

General healthcare issues relating to pharmacy and Medicare/Medicaid.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant 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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidize 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 outcome of 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 registration.

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

Signature *James Walsh* Date 4-5-04

Printed Name and Title James E. Link, Partner

Form LD-1 (Rev. 04/03)