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LOBBYING REPORT

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

1. Registrant Name <u>Susan G. Flack</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1200 19th St N.W. 7th Fl, Washington DC 200</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <u>Susan G. Flack</u>		Telephone <u>202 822 6288</u>	E-mail (optional)
5. Senate ID #			6. House ID #
7. Client Name <input type="checkbox"/> Self <u>National Association of Chain Drug Stores</u>			

TYPE OF REPORT 8. Year 2001 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 Lobbying

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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definit <input type="checkbox"/> Method B. Reporting amounts under section 603: Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code

Signature

Susan G. Flack

Printed Name and Title

Susan G. Flack Principal



Registrant Name Susan B. Flack Client Name National Assoc of Chain Dr.

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

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

16. Specific lobbying issues

Health care relative to pharmacy issues

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

Senate House of Representatives

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

Name	Covered Official Position (if applicable)
<u>Susan B. Flack</u>	

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

Signature [Signature] Date Aug 18 '10

Printed Name and Title Susan B. Flack Principal

