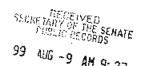
Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

E. Registrant Name		
Academy Of Managed Care Pharmacy	,	

3. Principal Place of Business (if different from line 2)		
City: Alexandria State/2	Sip (or Country) VA 22314	
4. Contact Name Telephone	E-mail (optional)	5. Senate ID#
Daniel Fishkin 703-683-8416	dfishkin@amcp.org	48793-12
7. Client Name Self		6. House ID#
9. Check if this filing amends a previously filed version of this report ☐ 10. Check if this is a Termination Report ☐ ❖ Termination Date		
12. Lobbying Firms	13. Organiza	1
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to tobbying active period were:	vities for this reporting
Less than \$10,000 🚨	Less than \$10,000 🚨	
\$10,000 or more	\$10,000 or more 🗖 🖘 s <u>(0</u>	
Income (nearest \$20,000)	14. REPORTING METHOD. Chec	enses (nearest \$20,000) & hox to indicate expense
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).	accounting method. See instructions t	
	Method A. Reporting amounts us	sing LDA definitions only
	Method B. Reporting amounts u Internal Revenue Co-	· /. /
	Method C. Reporting amounts u Internal Revenue Co	
Signature Warrel Roll		?
Printed Name and Title Daniel Fishkin, Director of Operations		
LD-2 (REV. 6/98)		PAGE 1 of 4

Academy of Managed Registrant Name Care Rharmacy Client Na	m¢	
LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the reportinformation as requested. Attach additional page(s) as neede	ng period. Using a separate page for each code, provide	
15. General issue area code MMM (one per page)		
16. Specific lobbying issues Medicare Prescription Drug Cove	rageHR 664/s 731	
17. House(s) of Congress and Federal agencies contacted United States House of Represen United States Senate	☐ Check if None tatives	
18. Name of each individual who acted as a lobbyist in this	issue area	
Signature Dane Roll:	Date 8-4-99	
Form 1.D-2 (Rev.α/98)	Paor 🛴 ní 🦞	

Academy of Managed Care Client Na	TRC	
OBBYING ACTIVITY. Select as many codes as necessar ngaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as neede	ing period. Using a separate page for each code, provide	
5. General issue area code HCR (one per page)		
16. Specific lobbying issues Patient's Rights -H.R. 448 -H.R. 216 -S. 326 -S. 246 Medical Records Confidentiality -S. 881 -H.R. 2470 17. House(s) of Congress and Federal agencies contacted United States House of Representa United States Senate		,
18. Name of each indivious who acted as a todoysis in this	Covered Official Position (if applicable)	Nev
John E. Geisser		0
19. Interest of each foreign entity in the specific issues listed on	line 16 above Check if None	
	line 16 above	0 0
19. Interest of each foreign entity in the specific issues listed on	line 16 above Si Check if None Date	0

Academy of Managed Care Registrant Name <u>Pharmacy</u> Client Na	nne
LOBBYING ACTIVITY. Select as many codes as necessal engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed.	ing period. Using a separate page for each code, provide
15. General issue area code <u>CPP</u> (one per page)	•
16. Specific lobbying issues	
Prescription Drug Patent Extension	ns
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
United States House of Represental United States Senate	tives
18. Name of each individual who acted as a lobbyist in this	s issue area
Name	Covered Official Position (if applicable) No
John E. Geisser	, ,
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•	<u></u>
NAME NA	
	· E
19. Interest of each foreign entity in the specific issues listed on	Sine 16 above A Check if None
Signature Land Roll Printed Name and Title Daniel Fishkin, Dire	Date 8-6-91
Printed Name and Title Daviel Fishbow, Dire	cter of operations
Form 1.D-2 (Rev.6/983	Page 4 of ed