

Clerk of the House of Representatives
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Office of Public Records
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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 Sept. 6, 2011

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name

Walter Consulting

Address

7111 Capitol View Drive

City

McLean

State

VA

Zip

22101

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

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 288-8190

Contact Sarah Walter

E-mail (optional)

Sarah@wal-

6. General description of registrant's business or activities

Self-employed public affairs consultant

CLIENT

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

7. Client name Pharmaceutical Research and Manufacturers of America

Address

1100 15th St. NW

City

Washington

State

DC

Zip

20005

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

City

State/Zip (or Country)

9. General description of client's business or activities

Pharmaceutical trade 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)
<u>Sarah Walter</u>	

Form LD-1 (Rev. 04/03)

Registrant Name Walter Consulting Client Name PhRMA

LOBBYING ISSUES

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

HEC MMUM

12. Specific lobbying issues (current and anticipated)

House and Senate budget; Medicare/Medicaid reconciliation

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registra 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 t 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 outcom of the lobbying activity?

- No ⇨ Sign and date the registration. Yes ⇩ Complete the rest of this section for each e matching the criteria above, then sign and c registration.

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

Signature (Signature) Date 10/15/05

Printed Name and Title Sarah Walter, President

Form LD-1 (Rev 04/03)