

## LOBBYING REPORT

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

1. Registrant Name:

**POWERS PYLES SUTTER & VERVILLE**

2. Address:

1875 EYE ST NW 12TH FL, WASHINGTON, DC 20006

3. Principal place of business (if different from line 2):

4. Contact Name: TED SLAFSKY

Telephone: 202-466-6550

E-mail (optional): ted.slafsky@phpcrx.org

Senate ID #: 32008-936

House ID #: 32107044

7. Client Name:  Self

**PUBLIC HOSPITAL PHARMACY COALITION**

### TYPE OF REPORT

8. Year 2004 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

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more:  => Income (nearest \$20,000): 100,000.00

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).

#### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more:  => Expenses (nearest \$20,000): \_\_\_\_\_

#### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only  
 **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
 **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: POWERS PYLES SUTTER & VERVILLE Client Name: PUBLIC HOSPITAL PHARMACY COALITION

**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 Various issues related to implementation of Medicare Modernization Act of 2003 H.R. 4191

17. House(s) of Congress and Federal agencies contacted:

Centers For Medicare and Medicaid Services (CMS)

HOUSE OF REPRESENTATIVES

Health & Human Services, Dept of (HHS)

Health Resources & Services Administration (HRSA)

SENATE

Veterans Affairs, Dept of (VA)

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

Name: BLOOM, JARED

Covered Official Position (if applicable): N/A

Name: FITZGERALD, MARK

Covered Official Position (if applicable): N/A

Name: GREENE, ADAM

Covered Official Position (if applicable): N/A

Name: HOLLOWAY, CLAIRE

Covered Official Position (if applicable): N/A

Name: HUNTER, JUSTIN, ESQ.

Covered Official Position (if applicable): N/A

Name: MAY, DUSTIN

Covered Official Position (if applicable): N/A

Name: SEESTEDT, ELLYN

Covered Official Position (if applicable): N/A

Name: SLAFSKY, TED

Covered Official Position (if applicable): N/A

Name: VON OEHSEN, WILLIAM

Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Jul 29, 2004

Printed Name and Title: TED SLAFSKY - EXECUTIVE DIRECTOR

**Information Update Page:**

**Complete ONLY where registration information has changed.**

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client**

Name: BULLOCK-POWELL, ELIZABETH

Name: CHAPMAN, ALLISON

Name: CRUZ, RACHEL

Name: NORDENG, AMY

**ISSUE UPDATE**

**24. General lobbying issues previously reported that NO LONGER pertain**

**AFFILIATED ORGANIZATIONS**

**25. Add the following organization(s)**

**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**

**28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization**

Signature: ON FILE Date: Jul 29, 2004

Printed Name and Title: TED SLAFSKY - Executive Director