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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 23 APRIL

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name LEARY VENTURES

Address P.O. BOX 11142

City WASHINGTON

State D.C. Zip 20008

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 320.3977

Contact KRISTIN LEARY

E-mail (optional) learyk

6. General description of registrant's business or activities

LEGISLATIVE AND POLICY ADVOCACY AND CONSULTING

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

7. Client name PHARMACEUTICAL INDUSTRY LABOR-MANAGEMENT ASSOCIATION

Address 101 NORTH UNION STREET, SUITE 305

City ALEXANDRIA

State VA Zip 22314

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Labor-management organization for the pharmaceutical industry

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 of 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>KRISTIN M. LEARY</u>	

0000060859

Registrant Name LEARY VENTURES Client Name PHARMACEUTICAL INDUSTRY LABOR-MANAGEMENT ASS

LOBBYING ISSUES

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

HCR LBR PHA

12. Specific lobbying issues (current and anticipated)

Any and all legislation affecting the pharmaceutical industry

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co

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 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 1 of the lobbying activity?

No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for each matching the criteria above, then sign registration.

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

Signature *Christine L. Leary* Date 05/25/07

1000060860



Printed Name and Title KRISTIN M. LEARY, Esq. PRINCIPAL/OWNER

Form LD-1 (Rev. 06/98)