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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 11/1/2002

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name ML Strategies, LLCAddress 701 Pennsylvania Avenue, N.W.City WashingtonState DCZip 20004

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 434-7435Contact Mark Buse

E-mail (optional) _____

6. General description of registrant's business or activities

Public Affairs

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

7. Client name The Pharmaceutical Research and Manufacturers of America (PhRMA)Address 1100 Fifteenth Street, NWCity WashingtonState DCZip 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

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 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>Mark Buse</u>	<u>Senate Commerce Committee Staff Director</u>
<u>David Leiter</u>	
<u>Patrick Mara</u>	

Registrant Name ML Strategies, LLC Client Name The Pharmaceutical Research and Manufacturers of America (PhRMA)

LOBBYING ISSUES

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

PHA

12. Specific lobbying issues (current and anticipated)
 Issues effecting 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 registrant during 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 the 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 manages the lobbying 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 client's lobbying activity?

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

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

Signature  Date 12-15-0

Printed Name and Title Vice President of Government Relations

