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LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

2. House Identification Number Senate Identification Number REGISTRANT 3. Registrant name Academy of Pharmaceutical Physicians & Investigators (APPI) Address 500 Montgomery Street, Suite 800 City Alexandria State VA Zip 22314 USA 4. Principal place of business (if different than line 3) City State Zip 5. Telephone number and contact name 202-295-4123 Contact Ms. Michelle Leeds E-mail mileeds@foley.com 6. General description of registrant's business or activities Non-profit physician membership and certification association CLIENT A Labbing firm is required to file a separate gisteril 7. Client name Academy of Pharmaceutical Physicians & Investigators (APPI) Address City State Zip 8. Principal place of business (if different than line 7) City State Zip 9. General description of client's business or activities 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 lister section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a a lobbyist for the client, state the executive and/or legislative position(s) in which the person served. Name Covered Official Position (if applicable) Katherine Madigan Thomas Adams	Check if this	is an Amended Registration	<u> </u>		1. Effective I	Date of Registration	09/01/2005
Address 500 Montgomery Street, Suite 800 City Alexandria State VA Zip 22314 USA 4. Principal place of business (if different than line 3) City State Zip 5. Telephone number and contact name 202-295-4123 Contact Ms. Michelle Leeds E-mail mleeds@foley.com 6. General description of registrant's business or activities Non-profit physician membership and certification association CLIENT A Lobbing firm is required to file a separate registration for each client. Organizations employing in-house lobbylists should check the box labeled "Self" and proceed to file 10. Self 7. Client name Academy of Pharmaceutical Physicians & Investigators (APPI) Address City State Zip 9. General description of client's business or activities 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 listed section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first 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) Katherine Madigan	2. House Id	entification Number	1a-68-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71-26-71		Senate Identi	ification Number	
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	section h	as served as a "covered exec t for the client, state the exec	utive branch off	icial" or "co	overed legislativ sition(s) in which	ve branch official" with the person served	hin two years of first acting as
Thomas Adams	Katherine	e Madigan					
	Thomas	Adams		,,,			

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No ⇔ Go to line	e 14. Ye	Complete the rest of this criteria above, then proc	section for each entity mat eed to line 14.	? ching the
Name		Address	Principal place of B (city and state or c	
lobbying a	ctivity?	ion identified on line 13 and has a Yes⇔ Complete the	a direct interest in the outco rest of this section for each criteria above, then sign and	entity
No ⇔ Sign and	date the registration.	matching the registration.	, , , , , , , , , , , , , , , , , , ,	u date inc
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		registration. Principal place of business	Amount of contribution for	Owne percer

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

Registrant Name Academy of Pharmaceutical Physicians & Investigators (APPI)

LOBBYING ISSUES

Client Name Academy of Pharmaceutical Physicians & Investigators (APPI)

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