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LOBBYING REPORT

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

The Dutko Group Companies, Inc	
2. Registrant Address	C 20003
3. Principal Place of Business (if different from line 2)	
City State/Zip (or Country)	
4. Contact Name Telephone E-mail (Stephen Brown	(optional) 5. Senate IE 12868-47
7. Client Name Self Pharmaceutical Research & Manufacturers of America	6. House ID 32229286
Check if this filing amends a previously filed version of this to the check if this is a Termination Report >> Termination INCOME OR EXPENSES - Complete Either	Date 11. No Lo
12. Lobbying Firms	13. Organizations
	EXPENSES relating to Johnwing activities for this
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000	EXPENSES relating to lobbying activities for this period were: Less than \$10,000
period was: Less than \$10,000 □ \$10,000 or more	period were:
period was: Less than \$10,000 \$10,000 or more	period were: Less than \$10,000 \$10,000 or more >> \$ Expenses (neared) 14. REPORTING METHOD. Check box to income

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Regis	strant Name:	The Dutko Group Companies, Inc	
Clien	nt Name:	Pharmaceutical Research & Manufactur	rers of America
enga	ged in lobbyir	TIVITY. Select as many codes as necessary to on behalf of the client during the reporting uested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
	General issue area code MED (one per page) Specific Lobbying issues Monitor legislation pertaining to health issues and advise client as it affects them.		
	House of Re Senate	Congress and Federal agencies contacted epresentatives th individual who acted as a lobbyist in this	☐ Check if None
	Name		Covered Official Position (if applicable)
	Andres, Ga	ry	
	Perry, Stev	e	
	Willcox, D	аггеп	
	· · · · · · · · · · · · · · · · · · ·		
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-			
19	. Interest of	each foreign entity in the specific issues liste	d on line 16 above 🛮 🗷 Check if None
			Date 2/14/2005

Signature _____