Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SE 04 SEP 13 PM 2:N

LOBBYING REPORT

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

I. Registrant Name			•
The Cormac Group			
	ferent than previously reported	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
1900 M Street, NW	Suite 720		
3. Principal Place of Business (if dif	ferent from line 2)	***************************************	
Washington City:	DC State/zip	20036 (or Country)	
I. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Kerri Krstovich	(202) 467-4700	kk@thecormacgroup.com	66773-238
7. Client Name	•		6. House ID # 35626004
0. Check if this is a Termina	8. Year 2004 Midyean a previously filed version of this ation Report	report 🗋	ear End (July 1-De
0. Check if this is a Termina INCOME OR EXP	a previously filed version of this	report 🗋 n Date	11. No Lobby
0. Check if this is a Termina INCOME OR EXF 12. Lob INCOME relating to lobbyi	a previously filed version of this ation Report Termination PENSES - Complete Eith	report n Date er Line 12 OR Line 13	11. No Lobby
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INCOME OR EXF 12. Lob INCOME relating to lobbyi period was: Less than \$10,000 \$10,000 or more	Termination Report Termination Report Termination Report Termination PENSES - Complete Either Depth Termination Penses Terminat	report n Date er Line 12 OR Line 13 13. Organ EXPENSES relating to lobbying ac period were: Less than \$10,000 \$10,000 or more \$\$\frac{1}{4}\$	izations tivities for this rep ck box to indicate for description of s using LDA definits under section 603

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Signature VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	_ Date	UNEIVI	
Printed Name and Title ————	Patrick H. Williams, Principal	······································	•
LD-2 (REV. 4/03)			PAGE 1

		9
The Cormac Group	_ Client Name	G G Amgen G
LOBBYING ACTIVITY. Select as many codes engaged in lobbying on behalf of the client during information as requested. Attach additional page(s) at 15. General issue area code HCR (one per	as necessary to reflethe reporting period as needed.	ect the general issue areas in which control is the
16. Specific lobbying issues	_	
Reimportation General Pharmaceutical issues		
17. House(s) of Congress and Federal agencies conta	acted	neck if None
US House of Representatives US Senate 18. Name of each individual who acted as a lobbyist	in this issue area	
Name		Covered Official Position (if applicable)
Patrick H. Williams		•
19. Interest of each foreign entity in the specific issues	listed on line 16 abov	e 🔽 Check if None
Signature.		Date

Printed Name and Title

Form LD-2 (Rec. 4/03)

Page 2

The Cormac Group Registrant Name	Client Name	Q Q Q Amgen
LOBBYING ACTIVITY. Select as many codes a engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) as 15. General issue area code (one per page)	s necessary ne reporting needed.	to reflect the general issue areas in which?
16. Specific lobbying issues		
Medicare Prescription Drug Benefits Medicare Reimbursement		
17. House(s) of Congress and Federal agencies contac	ted	☐ Check if None
US House of Representatives US Senate 18. Name of each individual who acted as a lobbyist in	n this issue a	rea
·	1	·
Name Patrick H. Williams		Covered Official Position (if applicable)
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19. Interest of each foreign entity in the specific issues list	sted on line I	6 above
·		Date 8/16/04

Printed Name and Title _

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			,
Registrant Name	The Cormac Group	Client Name	Amgen
nformation Upo	date Page - Complete ON	NLY where registration information	on has changed.
20. Client new address			
21. Client new principal	place of business (if different from	line 20)	
City		State/Zip (or Country)	
22. New general descrip	tion of client's business or activites	•	
		,	<u>. </u>
LOBBYIST UPD. 23. Name of each pr		who is no longer expected to act as	s a lobbyist for the cli
			·
	g issues previously reported t	nat no longer pertain	
	ng affiliated organization(s)	•	
Nai	me	Address	Principal Place of
***************************************			(city and state or
26. Name of each pr	reviously reported organization	n that is no longer affiliated with t	he registrant or client
		,	
FOREIGN ENTI' 27. Add the following			
Name	Address	Principal place of business	Amount of contribution
		(city and state or country)	for lobbying activitie
	·		
8. Name of each previo		no longer owns, or controls, or is aff	iliated with the registra
			01.151
ignature		Date	8/16/04

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