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| Clerk of the House of Representatives | Secretary of the Senate |
|---|---|
| Legislative Resource Center | Office of Public Records |
| B-106 Cannon Building | 232 Hart Building |
| Washington, DC 20515 | Washington, DC 20510 |

SECRETARY OF THE SENATE
05 FEB 14 PM 12:47

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? ☐ Yes ☒ No

1. Effective Date of Registration 01/03/200

2. House Identification Number _____ Senate Identification Number _____

## REGISTRANT

3. Registrant name Organization The Glover Park Group

Address 3299 K Street, NW Suite 500

City Washington State DC Zip 20007 US

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

City State Zip

5. Telephone number and contact name Prefix Full Name

202-337-0808 Contact Mr. Joel Johnson E-mail jjohnson@gloverparkgroup.c

6. General description of registrant's business or activities

advocacy & image advertising, public & legislative affairs, media relations, issues & crisis management, rese

## CLIENT

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

7. Client name Pharmaceutical Research and Manufacturers of America (PhRMA)

Address 1100 15th Street, NW

City Washington State DC Zip 20005 Country U

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

City State Zip Country

9. General description of client's business or activities

Association of research-based pharmaceutical manufacturers

## LOBBYISTS

*Go to page 3 to add more*

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 section has served as a "covered executive branch official" or "covered legislative branch official" within two years of fi a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

| Name First | Name Last | Name Suffix | Covered Official Position (if applicable) |
|---|---|---|---|
| Joel | Johnson | | |
| Mary Ann | Chaffee | | |
| Kimberly | James | | |
| | | | |

Go to

Registrant Name The Glover Park Group  Client Name Pharmaceutical Research and Manufa

## LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyi

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

PHA MMM HCR

12. Specific lobbying issues (current and anticipated)

Matters affecting the pharmaceutical industry and pharmaceutical research

## AFFILIATED ORGANIZATIONS

Go to page 3 to add more orga

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in 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 criteria above, then proceed to line 14.

| Name | Address | Principal place of Busines (city and state or countr |
|---|---|---|
| | | |

## FOREIGN ENTITIES

Go to page 3 to add more forei

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 subsidizes ac 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 outcome c lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each enti matching the criteria above, then sign and dat registration.

| Name | Address<br>Street Address<br>City State/Province Country | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | ( |
|---|---|---|---|---|
| | | | | |

Form Co

Printed Name and Title CARL A. SMITH JR Chief Operating Office

C. L. C. Smith Jr. 2/9/05

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Registrant Name The Glover Park Group

Client Name Pharmaceutical Research and Manufa

## ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

| Name | | | Covered Official Position (if applicable) |
|---|---|---|---|
| First | Last | Suffix | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

## AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numb

| Name | Address | Principal place of Busine (city and state or countr |
|---|---|---|
| | | |

## ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

| Name | Address | | | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | perc |
|---|---|---|---|---|---|---|
| | Street Address | City | State/Province Country | | | |
| | | | | | | |

Printed Name and Title CARL A. SMITH Chief Operating Office