

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

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 2/06/07

RECEIVED: SECRETARY OF THE SENATE
07 JUL -5 PM 2:14

2. House Identification _____

Senate Identification _____

REGISTRANT Organization Individual

3. Registrant Prefix Ms. First Claudia Last Schlosberg

Address P.O. Box 11431 Address2 _____
City Washington State DC Zip 20008 - Cou _____

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

City Washington State DC Zip 20010 - Cou _____

5. Contact name and telephone number

International Number

Contact Ms. Claudia Schlosberg Telephone (202) 328-1270 E-mail schlosberg@boo.net

6. General description of registrant's business or activities

Government relations consulting

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 excelleRx, Inc.

Address Suite 700, 1601 Cherry Street
City Philadelphia State PA Zip 19102 - Cou _____

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

City _____ State _____ Zip _____ - Cou _____

9. General description of client's business or activities

Medication therapy management; pharmacy services

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 the date of registration, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Claudia	Schlosberg		

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LOBBYING ISSUES

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

HCR MMM PHA

12. Specific lobbying issues (current and anticipated)

- Medication therapy management
- Medicare Part D
- E-prescribing
- Medication errors and quality

AFFILIATED ORGANIZATIONS

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 match criteria above, then proceed to line 14.

Name	Address			Principal Place of Busi
	Street City	State/Province	Zip Code Country	
			City	
			State	Country
			City	
			State	Country
			City	
			State	Country

FOREIGN ENTITIES

14. Is there any foreign entity

- 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 act 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 of lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matchi the criteria above, then sign the registration.

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

Signature

Date

2/

Printed Name and Title Claudia Schlosberg, Principal

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