

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
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SECRETARY OF THE  
05 AUG 11 AM 11:11**LOBBYING REPORT**

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

1. Registrant Name American Society of Consultant Pharmacists			
2. Address <input type="checkbox"/> Check if different than previously reported 1321 Duke Street			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) VA, 22314			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Thomas R. Clark	703/739-1316, ext. 123		3446-12
7. Client Name	<input checked="" type="checkbox"/> Self		6. House ID #

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31) 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report  ⇒ Termination Date \_\_\_\_\_11. No Lobbying Activities **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature \_\_\_\_\_



Registrant Name ASCP Client Name SELF

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code PHA (one per page)

- 16. Specific lobbying issues
  - HIPAA/Privacy
  - Medicare Drug Benefit
  - Medicare Discount Cards
  - Reimportation
  - FMAP Enhancements
  - Older Americans Act

17. House(s) of Congress and Federal agencies contacted  Check if None

- House of Representatives
- Senate
- OIG-HHS
- CMS
- FDA

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Gary L. Riddle	Government Affairs Manager
Thomas R. Clark	Director of Policy and Advoca

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature *TRC* Date 7/26/04

Printed Name and Title Thomas R. Clark, Director of Policy and Advocacy



Registrant Name ASCP Client Name SELF

**Information Update Page - Complete ONLY where registration information 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 description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Gary L. Riddle

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Other

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature



Date

7/26/04

Printed Name and Title Thomas R. Clark, Director of Policy and Advocacy

Form LD-2 (Rev. 6/98)

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