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# LOBBYING REPORT

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

1. Registrant name  
Organization **Public Affairs Management, LLC**

2. Address  Check if different than previously reported  
1667 K Street NW  
City **Washington** State **DC** Zip Code **20006** Country **US**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
State/Zip or Country \_\_\_\_\_

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 4a. Contact Name<br>Prefix Full Name<br><b>Mr. Lawrence Flick</b>                 | b. Telephone number<br><b>202-776-5202</b> | c. E-mail<br><b>lflick@publicaffairsmgt.com</b> | 5. Senate ID #<br><b>49657-36</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Summit Veterinary Pharmacy</b> | 6. House ID #<br><b>3462601</b>            |   |                                   |

TYPE OF REPORT 8. Year **2004** Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

|   |   |
|---|---|
| <p><b>12. Lobbying Firms</b></p> <p>INCOME 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 checked="" type="checkbox"/> ⇒ \$ <b>20,000</b></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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p> |
|---|---|

Form C

Printed Name and Title **Lawrence Flick** Managing Director 



Registrant Name Public Affairs Management, LLC

Client Name Summit Veterinary Pharmacy

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

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

16. Specific lobbying issues

Assisting Summit and other compounding animal pharmacies with recently released regulatory measures from the FDA that severely inhibits their ability to conduct business.

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

US House of Representatives  
US Senate  
Food and Drug Administration

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

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| Lawrence   | Flick             |        | Managing Director                         |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |

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

