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## LOBBYING REPORT

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

1. Registrant Name <b>Berman Enterprises</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1800 K St., NW, Suite 1124</b> City <b>Washington, DC</b> State/Zip (or Country) <b>20006</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Barbara J. Henry</b>	Telephone <b>202/833-4923</b>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>National Association of Chain Drug Stores, Inc.</b>			6. House ID #

**TYPE OF REPORT** 8. Year 1997 Midyear (January 1-June 30)  OR Year End (July 1-D

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 Lobl

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

12. Lobbying Firms	13. Organizations
<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 checked="" type="checkbox"/> &gt;&gt; \$ <u>\$20,000.00</u> 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><b>EXPENSES</b> relating to lobbying activities for this r period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____ Expenses (nearest</p> <p><b>14. REPORTING METHOD.</b> Check box to indic accounting method. See instructions for description</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defi</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 1 Internal Revenue Code</p>

Signature Barbara J. Henry Date 4/21/2003

Printed Name and Title Barbara J. Henry - Chief Financial Officer

Registrant Name: Berman Enterprises

Client Name: National Association of Chain Drug Stores, Inc.

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

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

16. Specific Lobbying issues  
**general health care issues**

17. House(s) of Congress and Federal agencies contacted  
**House of Representatives**  
**Senate**

Check if None

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

Name	Covered Official Position (if applicable)
<b>Berman, Wayne</b>	
<b>Mason, Nancy</b>	
<i>Nelson, Susan</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Barbara J. Henry - Chief Financial Officer** \_\_\_\_\_