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LOBBYING REPORT

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

1. Registrant Name <u>Mark B. Samuels</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>8238 CONGRESS AVENUE SUITE 900</u>			
3. Principal Place of Business (if different from line 2) City: <u>AUSTIN</u> State/Zip (or Country) <u>TX</u> <u>78701</u>			
4. Contact Name <u>LINDA GAUSE</u>		Telephone <u>512-480-8962</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>Pharmaceutical Research & Manufacturers of America</u>			5. Senate ID # 6. House ID #

TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-Dec

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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"/> ⇒ \$ <u>40,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indica accounting method. See instructions for description (</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 14 Internal Revenue Code</p>
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Signature MB Samuels

Printed Name and Title MARC B. SAMUELS

Registrant Name MARC B. SAMUELS Client Name PHARMA

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

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

16. Specific lobbying issues

- 1. Medicare Prescription Drug Issue
- 2. CMS Discount Card
- 3. Medicaid Rebate Program
- 4. Bioterrorism

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

Check if None

*White House, Executive Office of the President
CEA
Office of Policy Development*

Centers for Medicare & Medicaid Services, Office of the Administrator, CMM, CMSO

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

Name	Covered Official Position (if applicable)
<u>Marc Samuels</u>	
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.....	
.....	
.....	
.....	
.....	

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

Check if None

Signature *M.B. Samuels* Date Feb. 8 '08

Printed Name and Title MARC B. SAMUELS

