

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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FEDERAL BUREAU OF INVESTIGATION

05 MAY -4 PM 2: 07

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 04/15/202. House Identification Number 3654 Senate Identification Number 86196**REGISTRANT**3. Registrant name Organization The Glover Park GroupAddress 3299 K Street, NW Suite 500City Washington State DC Zip 20007 U

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

City _____ State _____ Zip _____

5. Telephone number and contact name Prefix Full Name

202-337-0808 Contact Mr. Joel Johnson E-mail jjohnson@gloverparkgroup.

6. General description of registrant's business or activities

public & legislative affairs**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* Self7. Client name Pharmaceutical Care Management Association (PCMA)Address 601 Pennsylvania Ave NW, 7th FloorCity Washington State DC Zip 20004 Country U

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

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities

National association representing Pharmaceutical Benefit Managers**LOBBYISTS***Go to page 3 to add more*

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 has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Joel	Johnson		
Mary Ann	Chaffee		

Registrant Name The Glover Park Group Client Name Pharmaceutical Care Management A

LOBBYING ISSUES Find the code to select below. *Go to page 3 to add more lobby*

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

PHA MMM HCR _____

12. Specific lobbying issues (current and anticipated)
Monitor legislative developments in health care

AFFILIATED ORGANIZATIONS *Go to page 3 to add more org*

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 matchin criteria above, then proceed to line 14.

Name	Address	Principal place of Busin (city and state or coun

FOREIGN ENTITIES *Go to page 3 to add more fore*

14. Is there any foreign entity that:
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 a 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 lobbying activity?

No ⇨ Sign and date the registration. Yes ⇨ Complete the rest of this section for each ent matching the criteria above, then sign and da registration.

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

Form Co

Printed Name and Title Carl A. Smith Jr. CARL A. SMITH JR. COO

