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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 3/1/2006
 2. House Identification Number 32229 Senate Identification Number 12868

REGISTRANT

3. Registrant name Organization Dutko Worldwide, LLC
 Address 412 First Street SE
 City Washington State DC Zip 20003 US
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name Prefix Full Name
202-484-4884 Contact Mr. Stephen Brown E-mail sbrown@dutkoworldwide.com
 6. General description of registrant's business or activities
Lobbying and Public Policy Management

CLIENT. *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name MedImpact Healthcare Systems
 Address 10680 Treena Street
 City San Diego State CA Zip 92131 Country US
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____ Country _____
 9. General description of client's business or activities
Pharmacy Benefit Manager

LOBBYISTS

Go to page 3 to add more li

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as 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	
5	David	Beightol		
22	Sue	Charlton		
15	Joe	Jaso		
00001	Cartier	Esham		



Registrant Name Dutko Worldwide, LLC

Client Name MedImpact Healthcare Systems

LOBBYING ISSUES PHA - Pharmacy

Go to page 3 to add more lobbyit

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

PHA

12. Specific lobbying issues (current and anticipated)

Educate Governor's about MedImpact's ability to manage pharmacy benefits. Work with CMS on the role of PBM's in deliv the Medicare Part D benefit and related operation al issues.

AFFILIATED ORGANIZATIONS

Go to page 3 to add more organ

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 matching criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

Go to page 3 to add more foreign

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 acti 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 of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date t registration.

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

Form Con

0000153226

Printed Name and Title

Mark Irion - Chief Executive Officer

Registrant Name Dutko Worldwide, LLC

Client Name MedImpact Healthcare Systems

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name Last	Suffix	Covered Official Position (if applicable)

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

PHA - Pharmacy

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

Add an additional supplementary information

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Printed Name and Title Mark Irion - Chief Executive Officer

