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**LOBBYING REPORT**

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

1. Registrant Name Pharmaceutical Care Management Assn.			
2. Address <input type="checkbox"/> Check if different than previously reported 2300 S. Ninth Street, Suite 210			
3. Principal Place of Business (if different from line 2) City: Arlington, State/Zip (or Country) VA 22204			
4. Contact Name LaVarne A. Burton	Telephone 703/920-8480	E-mail (optional) laburton@pcmanet.org	5. Senate ID # 31348-1
7. Client Name <input checked="" type="checkbox"/> Self LaVarne A. Burton, President			6. House ID # 3400400

**TYPE OF REPORT** 8. Year 2002 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 Act **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <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 type="checkbox"/> ⇒ \$ _____ 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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of options.</p> <p><input checked="" 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) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature LaVarne A. BurtonPrinted Name and Title LaVarne A. Burton, President



Registrant Name PCMA Client Name LaVame A. Burton, President

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

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

16. Specific lobbying issues

Drug Benefits for Medicare  
Patient Confidentiality  
Drug Discount Card

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

Department of Health and Human Services  
Department of Labor  
United States House of Representatives  
United States Senate  
Office of the President - Executive Branch

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

Name	Covered Official Position (if applicable)
Lavarne Burton	
Sharon Canner	
Suzanne Charleston	

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

Signature LaVame A. Burton Date 8/14/02

Printed Name and Title LaVame A. Burton, President



Registrant Name PCMA Client Name LaVarne A. Burton, President

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Suzanne Charleston

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own percentage of client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

Signature LaVarne A. Burton Date 8/14/02

Printed Name and Title LaVarne A. Burton, President

