

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

SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 01

2. House Identification 391370000

Senate Identification _____

REGISTRANT Organization Individual

3. Registrant Organization Safety Net Hospitals for Pharmaceutical Access

Address 1501 M street, N.W.

Address2 _____

City Washington

State DC

Zip 20005

Cou _____

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

City _____

State _____

Zip _____

Cou _____

5. Contact name and telephone number

International Number

Contact Ms. Gina Mamone

Telephone 202-552-5858

E-mail gina.mamone@safetynetrx.org

6. General description of registrant's business or activities

Non-profit trade association for safety net hospitals participating in the 340B Program

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self

7. Client name Safety Net Hospitals for Pharmaceutical Access

Address _____

City _____

State _____

Zip _____

Cou _____

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

City _____

State _____

Zip _____

Cou _____

9. General description of client's business or activities

LOBBYISTS

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 this section 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	
Ted	Slafsky		
Jonni	McCann		Senior Legislative Assistant
Courtney	Yohe		
Edith	Marshall		

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LOBBYING ISSUES

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

HCR MMM PHA

12. Specific lobbying issues (current and anticipated)

Section 340B of the Public Health Service Act. Issues related to the implementation of the 340B program, the Medicare Modernization Act of 2003 and the Deficit Reduction Act of 2005. Safety Net Inpatient Drug Affordability Act (S.1840 Pharmacy Access Improvement Act (S.2664), Section 602 of the Veterans Health Care Act of 1992 Definition of "Patient". Funding for the Office of Pharmacy Affairs (Health Resources & Services Administration).

AFFILIATED ORGANIZATIONS

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 match criteria above, then proceed to line 14.

Name	Address			Principal Place of Bus
	Street City	State/Province	Zip Code Country	
				City _____ State _____ Country _____
				City _____ State _____ Country _____
				City _____ State _____ Country _____

FOREIGN ENTITIES


14. Is there any foreign entity

- 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 ac 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 matchi the criteria above, then sign the registration.

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

Signature  Date 1/1

Printed Name and Title Ted Slafsky, Executive Director

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