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LOBBYING REPORT

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

1. Registrant Name Healthcare Distribution Management Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1275 K St. NW, Suite 1212			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20005			
4. Contact Name Robert J. Falb	Telephone (703) 787-0000	E-mail (optional) rfalb@hdmanet.org	5. Senate ID # 287
7. Client Name <input checked="" type="checkbox"/> Self Self			6. House ID # 3106

TYPE OF REPORT 8. Year 2002 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 Lobbying

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 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>13. Organizations</p> <p>EXPENSES 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>\$60,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Robert J. Falb

Printed Name and Title

Robert J. Falb, Director Congressional Affairs

Registrant Name thcare Distribution Management Associ Client Name Self

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

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

16. Specific lobbying issues

Medicare drug benefit
Reimportation of prescription drugs S2244, HR4614
Pharmacist Services S974
Prescription Drug Marketing Act HR68
Internet Pharmacy S2201

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

☐ Check if None

House of Representatives
Senate

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

Name

Covered Official Position (if applicable)

Robert Falb

Roberta Dean

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

☒ Check if None

Signature

Robert J. Falb

Date

8/6/2002

Printed Name and Title

Robert J. Falb, Director Congressional Affairs

