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03 JUN -6 PM 2: 02

03 JUN 1996

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 5-1-03

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name LARSON DODD, LLC

Address 2000 L STREET, NW

Suite 801

City Washington

State DC

Zip 20036

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

City \_\_\_\_\_

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

5. Telephone number and contact name

(202) 775-0223

Contact DAVE LARSON

E-mail (optional) dave@

6. General description of registrant's business or activities

GOVERNMENT RELATIONS

**CLIENT** A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check

labeled "Self" and proceed to line 10. ☐ Self

7. Client name Pharmaceutical Research and Manufacturers of America (PhRMA)

Address 1100 15th Street, NW

City Washington

State DC

Zip 20005

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

City \_\_\_\_\_

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

9. General description of client's business or activities

TRADE ASSOCIATION

## 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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)    |
|--------------------|----------------------------------------------|
| <u>DAVE LARSON</u> | <u>HEALTH Policy Advisor, SEN. B. BARBER</u> |
| <u>Quin Dodd</u>   | <u>Legislative Director, SEN. B. BARBER</u>  |



Registrant Name LARSON DODD, LLC Client Name Pharmaceutical Research and Manufactures of America

**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 MED BUD

12. Specific lobbying issues (current and anticipated)

- MEDICARE Prescription Drug Benefit
- Hatch/Waxman Drug Patent Issues
- FDA Issues

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

☒ No ⇒ Go to line 14.

☐ Yes ! Complete the rest of this section for each entity the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Bus<br>(city and state or country) |
|------|---------|-------------------------------------------------------|
|      |         |                                                       |

**FOREIGN ENTITIES**

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 activities of 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 lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ! Complete the rest of this section for each entity matching the criteria above, then sign registration.

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution for lobbying activities |
|------|---------|------------------------------------------------------------|------------------------------------------------|
|      |         |                                                            |                                                |

Signature

GLM2

Date

6-6-03

Printed Name and Title DAVE LARSON, MEMBER

Form LD-1 (Rev. 06/98)