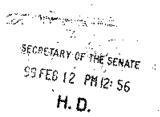
Clerk of the House of Representatives Legislative Resource Center B-106 Centon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration   I. Effective Date of Registration January 1, 19					
2. House Identification Number	Senate Identification Number				
REGISTRANT 3. Registrant name Academy of Managed	Care Pharmacy				
	t #400				
City Alexandria	State VA Zip 2231.4				
<ol> <li>Principal place of business (if different from line 3)</li> <li>City</li> </ol>	State/Zip (or Country)				
5. Telephone number and contact name (703 683-8416 Contact	d Daniel Fishkin E-mail (optional)				
<ol> <li>General description of registrant's business or activiti Professional Society</li> </ol>	ies				
tabeled "Self" and proceed to line 10. X Se. 7. Client name  Address	urnilon for each client. Organizations employing in house labbyists should check the box				
City	State Zip				
8. Principal place of business (if different from line 7) City	State/Zip (or Country)				
9. General description of client's business or activities					
this section has served as a "covered executive bra	ed to act as a lobbyist for the elient identified on line 7. If any person listed in anch official" or "covered legislative branch official" within two years of firs and/or legislative position(s) in which the person served.				
Nane	Covered Official Position (if applicable)				
John E. Geisser					
Richard Fry					
	harianna ann an ann an ann an ann an ann an				
Form 1 D-1 18ev. 06/08)	Пунг				

gistrant Name Academy o	f Managed Y	d CareClient Nam	ne				
OBBYING ISSUES							
General lobbying issue area	as. Selectalia	pplicable codes liste	d in instructions and on	the rever	ise side of Form LU-1	, page 1.	
HCR MED		<u> РНА</u>				<del></del>	
2. Specific lobbying issues (c	urrent and anti	cipated)	Prescripti	on Dri	ug Issues		
Managed Medical	Care Re:	Confidentia					
FFILIATED ORGA . Is there an entity other the a semiannual period and	an the client	that contributes me	ore than \$10,000 to the	e lobby: Is the re	ing activities of the gistrant's lobbying i	registrant in activities?	
No ⇔ Go to line	14.	☐ Yes	Complete the rest of the criteria above,			matching	
Name		Address			Principal Place of Business (city and state or country)		
b) directly or ind activities of the	ty that: 20% equitable irectly, in wh ne client or ar of the client o g activity?	ole or in major par ny organization ide n' any organization	registratio	and has the rest the criter	directs, finances or a direct interest in t of this section for es ria above, then sign	subsidizes  he outcome  sch entity  and date the	
Name		ddress	ress Principal place of business (city and state or coun		Amount of contribution for lobbying activities	Ownership percentage in client	
Signature	Jamel Daniel	Folkin,	Director of		2-12-99 How's		
Known I Dut (Stev 06/98)						Pace	