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LOBBYING REPORT

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

1. Registrant Name Academy of Managed Care Pharmacy			
2. Address <input type="checkbox"/> Check if different than previously reported 100 North Pitt Street, #400			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) VA 22314			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Daniel Fishkin	(703) 683-8416	dfishkin@amcp.org	48793
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
			34506

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Decer

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 align="center">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 align="center">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>80,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitic</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p>

Signature _____

Printed Name and Title Daniel Fishkin, Director of Finance and Administration



Academy of Managed
Care Pharmacy

Registrant Name _____ Client Name _____

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

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

16. Specific lobbying issues

Medicare Prescription Drug Coverage
Medicare Pharmacist Services Coverage Act of 2001 (S.974)
Part B Drugs Under Medicare

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

United States House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
William M. Hermelin	
Ann R. Curry	

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

Signature Daniel Fishkin Date 2-12-00

Printed Name and Title Daniel Fishkin, Director of Finance and Administration



Academy of Managed
Registrant Name Care Pharmacy Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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 HCR (one per page)

16. Specific lobbying issues

Patient's Bill of Rights (H.R. 526/S. 872)
Medical Errors
Pharmacy Education Aid Act of 2001 (H.R. 2173)

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

United States House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
William M. Hermelin	
Ann R. Curry	

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

Signature *Daniel Fishkin* Date 2-12-00
Printed Name and Daniel Fishkin, Director of Finance and Administration



Academy of Managed
Care Pharmacy

Registrant Name

Client Name

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

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

16. Specific lobbying issues

Pediatric Exclusivity
Greater Access to Affordable Pharmaceuticals Act (S. 812)

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

Check if None

United States House of Representatives
United States Senate

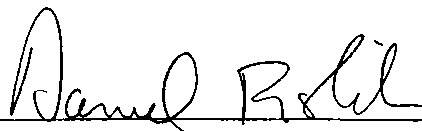
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Name	Covered Official Position (if applicable)
William M. Hermelin	
Ann R. Curry	

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Check if None

Signature



Date

2-12-00

Printed Name and Title

Daniel Fishkin, Director of Finance and Administration

