Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

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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 02/

2. House Identification _____ Senate Identification 31509

REGISTRANT ☑ Organization ☐ Individual

3. Registrant Organization The Monument Group, LLC

Address 1455 Pennsylvania Ave NW, Ste 400 Address2 _____

City Washington State DC Zip 20004 - Cou

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

City _____ State _____ Zip _____ - Cou

5. Contact name and telephone number ☐ International Number

Contact Mr. William Burke Telephone (202) 652-2299 E-mail bb@monumentgroupdc.com

6. General description of registrant's business or activities

Lobbying/Government Relations

CLIENT

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

7. Client name Teva Pharmaceuticals USA

Address 444 North Capitol Street, NW Suite 399

City Washington State DC Zip 20001 - Cou

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

City _____ State _____ Zip _____ - Cou

9. General description of client's busines or activities

Biotech/Pharmaceuticals

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 pers this section has served as a "covered executive branch official" or "covered legislative branch official" within two years o 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	
William	Burke		
Kathy	Kulkarni		

30005199

Registrant The Monument Group, LLC Client Name Teva Pharmaceuticals USA

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)

Healthcare: Pharmaceuticals, Precription Drug User Fee Act Reauthorization

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 Busi	
	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 o lobbying activity?

☑ No --> Sign and date the registration. ☐ Yes --> Complete the rest of this section for each entity match 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 [signature] Date 4-

Printed Name and Title William Burke, Principal

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