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SECRETARY OF THE SENATE  
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 6/5/200

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

## REGISTRANT

3. Registrant name Organization Chlopak, Leonard, Schechter & Associates

Address 1850 M St., NW Suite 550

City washington State DC Zip 20036 USA

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name Prefix Full Name

202-777-3502 Contact Mr. Joshua Wenderoff E-mail jwenderoff@cisdc.

6. General description of registrant's business or activities

communications / PR

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* ☐ Self

7. Client name International Academy of compounding pharmacists

Address P.O. Box 1365

City Sugarland State TX Zip 77487 Country usa

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

9. General description of client's business or activities

Trade Association for compounding pharmacists

## LOBBYISTS

Go to page 3 to add more 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 listed has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| First         | Name             |  | Suffix | Covered Official Position (if applicable) |
|---------------|------------------|--|--------|-------------------------------------------|
|               | Last             |  |        |                                           |
| <u>Joshua</u> | <u>Wenderoff</u> |  |        |                                           |
|               |                  |  |        |                                           |
|               |                  |  |        |                                           |
|               |                  |  |        |                                           |
|               |                  |  |        |                                           |



Registrant Name Chlopak, Leonard, Schechter Client Name IACP

# **LOBBYING ISSUES** Find the code to select below.

Go to page 3 to add more lobbying

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

PHIA HCR \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

No Specific Issue / Bill. General Issue: FDR  
regulation of compounding pharmacy.

# **AFFILIATED ORGANIZATIONS**

Go to page 3 to add more organiza

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 matching th  
 criteria above, then proceed to line 14.

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

# **FOREIGN ENTITIES**

Go to page 3 to add more foreign e

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 subsidizes activi  
 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 of th  
 lobbying activity?



No ⇒ Sign and date the registration.



Yes ⇒

Complete the rest of this section for each entity  
 matching the criteria above, then sign and date th  
 registration.

| Name | Address                |                |         | Principal place of<br>business<br>(city and state or country) | Amount of<br>contribution for<br>lobbying activities | Own<br>perce<br>in c |
|------|------------------------|----------------|---------|---------------------------------------------------------------|------------------------------------------------------|----------------------|
|      | Street Address<br>City | State/Province | Country |                                                               |                                                      |                      |
|      |                        |                |         |                                                               |                                                      |                      |

Form Com

Printed Name and Title

Thelma Wenderoff Managerial Director  
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Registrant Name Chlopau, Leonard, SchedterClient Name IACP**ADDITIONAL LOBBYISTS**

Return to page 2 to finish the

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

| First | Name<br>Last | Suffix | Covered Official Position (if applicable) |
|-------|--------------|--------|-------------------------------------------|
|       |              |        |                                           |
|       |              |        |                                           |
|       |              |        |                                           |
|       |              |        |                                           |
|       |              |        |                                           |
|       |              |        |                                           |

**ADDITIONAL LOBBYING ISSUES**

Return to page 2 to finish the

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

Return to page 2 to finish the

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number

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

**ADDITIONAL FOREIGN ENTITIES**

Return to page 2 to finish the

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

| Name | Street Address<br>City | Address<br>State/Province Country | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Own<br>percentag |
|------|------------------------|-----------------------------------|------------------------------------------------------------|---------------------------------------------------|------------------|
|      |                        |                                   |                                                            |                                                   |                  |
|      |                        |                                   |                                                            |                                                   |                  |
|      |                        |                                   |                                                            |                                                   |                  |
|      |                        |                                   |                                                            |                                                   |                  |

Add an additional supplementary information r

Printed Name and Title

Joshua Wenderoff, managing Director



*[Handwritten signature]*

6/7/06