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LOBBYING REPORT

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

1. Registrant Name Larson Dodd, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 2000 L Street, NW, Suite 801			
3. Principal Place of Business (if different from line 2) Washington DC 20037 City: State/zip (or Country)			
4. Contact Name David M. Larson	Telephone (202) 775-0223	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Grocery Manufacturers of America			6. House ID # 36550001

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)


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 Lobbyi

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 checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> 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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of c</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code</p>
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David M. Larson

Signature  Date

Printed Name and Title David M. Larson, Member

Registrant Name Larson Dodd, LLC Client Name Grocery Manufacturers of America

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

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

16. Specific lobbying issues

FDA Issues - Fitness Issues

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

U.S. Senate
U.S. House of Representatives
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
David M. Larson	Health Policy Advisor, Senator Bill Frist
Quin D. Dodd	Legislative Director, Senator K B Hutchison

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

Signature *ALM2* Date 8-13-03

Printed Name and Title David M. Larson

Form LD-2 (Rec. 4/03)

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