

00 AUG -7 PM 3:04

# LOBBYING REPORT

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

1. Registrant Name David J. Aho			
2. Address <input type="checkbox"/> Check if different than previously reported 405 Farrington			
3. Principal Place of Business (if different from line 2) City: Lincolnshire State/Zip (or Country) Illinois 60069			
4. Contact Name David Aho		Telephone	E-mail (optional)
7. Client Name <input type="checkbox"/> Self PathoGenesis Corporation		5. Senate ID # 498-24	6. House ID # 30012001


TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></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>30,000</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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature 

Printed Name and Title David J. Aho

Registrant Name David J. Aho Client Name PathoGenesis Corporation

**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

Reimbursement for inhaled drug therapies

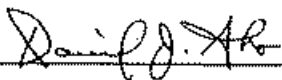
17. House(s) of Congress and Federal agencies contacted  Check if None

House  
Senate  
Healthcare Financing Administration

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

Name	Covered Official Position (if applicable)	New
David J. Aho	None	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 8/1/00  
Printed Name and Title David J. Aho

Registrant Name David J. Aho Client Name PathoGenesis Corporation

**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 HCR (one per page)

16. Specific lobbying issues

Various government funded health programs at National Institute of Health (NIH), Centers for Disease Control (CDC) and Commerce Advanced Technology Program (ATP)

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

House  
Senate  
NIH  
CDC  
ATP (Commerce)

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

Name	Covered Official Position (if applicable)	New
David J. Aho	None	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *David J. Aho* Date 9/1/00  
Printed Name and Title David J. Aho, Attorney