

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

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

02 JAN 18 P

Check if this is an Amended Registration  1. Effective Date of Registration 10/15/01

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

## REGISTRANT

3. Registrant Name **Bergner, Bockorny, Castagnetti, Hawkins & Brain**

Address **1101 16th Street, N.W. Suite 500**

City **Washington** State **DC** Zip **20036** USA

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name Contact E-Mail (optional)

**202-659-9111 Jeffrey Bergner**

6. General description of registrant's business or activities

**Government Relations Consulting Firm**

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

7. Client Name **Novartis Services, Inc**

Address **701 Pennsylvania Avenue, NW Seventh Floor**

City **Washington** State **DC** Zip **20004**

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

**pharmaceutical manufacturer**

## 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<b>Jeffrey Bergner</b>	
<b>David Bockorny</b>	
<b>Charles Brain</b>	<b>WH Director of Legislative Affairs</b>
<b>David Castagnetti</b>	



Registrant Name: **Bergner, Bockorny, Castagnetti, Hawkins & Brain**

Client Name: **Novartis Services, Inc**

Item	Description	Data
10a	Lobbyist Name	James Hawkins
10b	Covered Official Postion	Health Policy Advisor
10a	Lobbyist Name	Alvin Jackson
10b	Covered Official Postion	
10a	Lobbyist Name	Brenda Reese
10b	Covered Official Postion	Legislative Coordinator - House Rep. Conference
10a	Lobbyist Name	Melissa Schulman
10b	Covered Official Postion	
10a	Lobbyist Name	Scott Styles
10b	Covered Official Postion	



Registrant Name: **Bergner, Bockorny, Castagnetti, Hawkins & Brain**

Client Name: **Novartis Services, Inc**

### LOBBYING ISSUES

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

**MMM**

12. Specific lobbying issues (current and anticipated)

**Medicare coverage of prescription drugs**

### 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 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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

### FOREIGN ENTITIES

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 activities of 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 the 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 the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

Signature

*Jeffrey T. Bergner*

Date **11/16/2001**

Printed Name and Title

**JEFFREY T. BERGNER, PRESIDENT**

