

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 REPORT

Lobbying Disclosure Act of 1995 (Section 5) — All Filers Are Required To Complete This Page 04 AUG 12 PH

1. Registrant Name <b>Mayer, Brown, Rowe &amp; Maw LLP</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1909 K Street, NW, Washington, DC 20006-1101</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Rebecca L. Jackson	Telephone 202-263-3000	E-mail (optional)	5. Senate ID # 24123-1433
7. Client Name <input type="checkbox"/> Self <b>Health Industry Group Purchasing Association (HIGPA)</b>			8. House ID # 31349 103

**TYPE OF REPORT**      8. Year 2004       Midyear (January 1-June 30)      **OR**       Year End (Jul)

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 Lo

INCOME OR EXPENSES — Complete Either Line 12 OR Line 13	
<p style="text-align: center;"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000      <input checked="" type="checkbox"/></p> <p>\$10,000 or more      <input type="checkbox"/> ⇨ _____ 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 style="text-align: center;"><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 accounting method. See instructions for description</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 162(e) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(f) Internal Revenue Code</p>

Signature *Rebecca Jackson*

Printed Name and Title Rebecca Jackson, Partner



Registrant Name Mayer Brown Rowe & Maw LLP Client Name Health Industry Group Purchasing Association (

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

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

16. Specific lobbying issues

Healthcare and Antitrust issues (no specific legislation).

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

U.S. Senate  
Department of Health & Human Services

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

Name	Covered Office Position (if applicable)
Rebecca L. Jackson	
David McIntosh	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Rebecca Jackson, Partner



Registrant Name Mayer, Brown, Rowe & Maw LLP Client Name Health Industry Group Purchasing Association (H

**Information Update Page — Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Sheila Dearybury Walcoff

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is **no longer** affiliated with registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant affiliated organization

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Rebecca Jackson, Partner

