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## LOBBYING REPORT

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

1. Registrant Name Blackwell Sanders Peper Martin			
2. Address <input type="checkbox"/> Check if different than previously reported 1620 Dodge Street Suite 2100			
3. Principal Place of Business (if different from line 2) Omaha NE 68102 City: State/zip (or Country)			
4. Contact Name Dennis Wilson	Telephone (402) 964-5040	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Pharmaceutical Technologies Inc.			6. House ID # 32506

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


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date 01/01/04 11. No Lobbyi

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

*Dennis Wilson*

Signature  \_\_\_\_\_

Dennis L. Wilson Government Affairs Manager

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 4/03)

PAGE :