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)

Check if this is an Amended Registration 2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name Covington & Burling	
Address 1201 Pennsylvania Avenue, N.W.	
City Washington	State DC Zip 20004
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name (202) 662-6000 Contact	Stuart E. Eizenstat E-mail (optional) seiz
6. General description of registrant's business or activit	
7. Client name Douglas and Sara Hamilton Address New York Self And proceed to line 10. Self Self New York	NV 10004
City 8. Principal place of business (if different from line 7) City 9. General description of client's business or activities Individuals	State NY Zip 10024 State/Zip (or Country)
LOBBYISTS 10. Name of each individual who has acted or is expected to in this section has served as a "covered executive branch acting as a lobbyist for the client, state the executive and Name— Name— Stuart E. Eizenstat	official" or "covered legislative branch official" within
-Michael Labson	1333-2001 - Deputy decidary, 0.0. Dep



Form I D 1 (Rev. 04/03)

Registrant Name	Covington & Burling	Client Name _	Dou	glas and Sara Hamilton
LOBBYING ISS	SUES sue areas. Select all applica	ble codes listed in instruc	tions and on the rever	se side of Form LD-
MED				
12. Specific lobbying	issues (current and anticip	ated)		
To obtain a still	experimental drug from F	loche Pharmaceuticals		
13. Is there an entity	ORGANIZATIONS other than the client that of od and in whole or in major line 14.	contributes more than \$1 or part plans, supervises Yes & Complete the	10,000 to the lobbying or controls the register the rest of this section we, then proceed to li	trant's lobbying act for each entity mat
N:	ame	Address		Principal Place of I (city and state or co
FOREIGN EN 14. Is there any fore				
a) holds b) direct activi c) is an	at least 20% equitable ow ly or indirectly, in whole of ties of the client or any org affiliate of the client or any lobbying activity?	r in major part, plans, so ganization identified on l	ipervises, controls, d ine 13 ; O T	irects, finances or s
✓ No ⇔ Sign	and date the registration.	Yes	Complete the rematching the criegistration.	st of this section for iteria above, then si
Name	Addi	•	incipal place of business and state or country)	Amount of contribution for lobbying activities

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Signature	Mryser A	Date _	10/02/2 10/02/2
			•
Printed Name and Title _	Stuart E. Eizenstat, Partner		