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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
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LOBBYING REPORT

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

1. Registrant name			
Organization		Levine & Company	
2. Address <input type="checkbox"/> Check if different than previously reported			
1225 I Street, N.W., #600			
0000	Washington	0000	DC 20005 USA
3. Principal place of business (if different than line 2)			
0000	City	0000	State/Zip or Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Kenneth S. Levine	202/712-9134	klevinejd@aol.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Schering Plough Legislative Resources			46916-24
			6. House ID #
			34389002

TYPE OF REPORT 8. Year 2004 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>12. Lobbying Firms</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"/> ⇒ \$ 40,000</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>13. Organizations</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"/> ⇒ \$</p> <p>14. REPORTING METHOD. 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 or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form C

00000000 00 00000000 Kenneth S. Levine, Chairman

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Client Name Schering Plough Legislative Resource

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

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for (h*

[illegible]

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

Add a page for a different

Registrant Name Levine & CompanyClient Name Schering Plough Legislative Resource**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip

Country

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

City

State

Zip

Country

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

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client☐

Name

☐

Address

☐

Name

☐

Address

ISSUE UPDATE24. General lobbying issues that **no longer** pertain

Find the code to select below:

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address City State Zip Country	City State Zip Country

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

Name

☐

Address

☐

Principal place of Business

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc clien
			City State Zip		

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

Name

☐

Address

☐

Principal place of Business

☐

Name

☐

Address

☐

Principal place of Business

Add a page for more t

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