

Office of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 06/

2. House Identification

Senate Identification

REGISTRANT Organization Individual

3. Registrant Prefix Ms. First Claudia Last Schlosberg

Address P.O. Box 11431 Address2 _____

City Washington State DC Zip 20008 - _____ Cou _____

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

City Washington State DC Zip 20010 - _____ Cou _____

5. Contact name and telephone number International Number

Contact Ms. Claudia Schlosberg Telephone (202) 328-1270 E-mail schlosberg@boo.net

6. General description of registrant's business or activities

Government relations consulting

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

7. Client name Forest Laboratories, Inc.

Address 909 Third Avenue

City New York State NY Zip 10022 - 4731 Cou _____

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

City _____ State _____ Zip _____ - _____ Cou _____

9. General description of client's business or activities

Pharmaceutical manufacturing and sales

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Claudia	Schlosberg		

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LOBBYING ISSUES

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

HCR MMM

12. Specific lobbying issues (current and anticipated)

- Medicaid
- Medicare Part D
- Prescription Drugs User Fees and Exclusivity Issues
- Re-importation

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 in 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 match criteria above, then proceed to line 14.

Name	Address			Principal Place of Busi
	Street	State/Province	Zip Code	Country
	City			
				City
				State Country
				City
				State Country
				City
				State Country

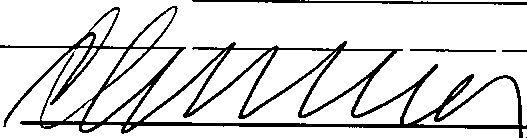
FOREIGN ENTITIES

14. Is there any foreign entity

- 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 act 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 lobbying activity?

- No --> Sign and date the registration. Yes --> Complete the rest of this section for each entity matchi the criteria above, then sign the registration.

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

Signature  Date 07/03

Printed Name and Title Claudia Schlosberg, Principal

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