

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

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Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE

99 AUG 16 PM 4:15

LOBBYING REPORT

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

1. Registrant Name McGuinness & Holch			
2. Address <input type="checkbox"/> Check if different than previously reported 400 N. Capitol St., NW, Suite 585			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country): DC 20001			
4. Contact Name Markham C. Erickson		Telephone 202/783-5300	E-mail (optional) Markham001@att.net
5. Senate ID # 24464-176		6. House ID # 31534009	
7. Client Name <input type="checkbox"/> Self Warner Lambert			

TYPE OF REPORT 8. Year 1999 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

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> → \$ <u>60,000</u> <small>Income (nearest \$20,000)</small>	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ <small>Expenses (nearest \$20,000)</small>
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	

Signature _____

Printed Name and Title _____

-2 (REV. 6/98)

PAGE 1 of _____

Registrant Name McGuinness & Holch Client Name Warner Lambert

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

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

16. Specific lobbying issues

Legislation and proposed regulations relating to the Comprehensive Methamphetamine Control Act of 1996

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

Senate
House

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

Name	Covered Official Position (if applicable)	New
Kevin McGuinness		<input type="checkbox"/>
Markham Erickson		<input type="checkbox"/>
Paul Sawyer		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name McGuinness & Holch Client Name Warner Lambert

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

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

16. Specific lobbying issues

Legislation and proposed regulations relating to the Comprehensive Methamphetamine Control Act of 1996

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

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

Name	Covered Official Position (if applicable)	New
Kevin McGuinness		<input type="checkbox"/>
Markham Erickson		<input type="checkbox"/>
Paul Sawyer		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Markham C. Erickson Date 8/13/99

Printed Name and Title Markham C. Erickson Associate

Form LD-2 (Rev. 6/98)

Page _____ of _____