

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
---	--

SECRETARY OF THE SENATE

04 AUG -6 PM 1:34

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 7/22/04

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT3. Registrant name Sidley Austin Brown & Wood LLPAddress 1501 K Street, N.W.City Washington State DC Zip 200054. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____5. Telephone number and contact name
Patrick Morrisey Contact 202-736-8228 E-mail (optional) _____6. General description of registrant's business or activities
Law Firm**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box below and proceed to line 10.* Self7. Client name Sepracor, Inc.Address 84 Waterford DriveCity Marlborough State MA Zip 017528. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____9. General description of client's business or activities
Pharmaceutical Manufacturer**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 individual in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting 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)
<u>Patrick Morrisey</u>	<u>Deputy Staff Director and Chief Hearing Counsel for House Energy & Commerce</u>

Registrant Name Sidley Austin Brown & Wood Client Name Sepracor, Inc.

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Medicare Reimbursement

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi
a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activit

No ⇨ Go to line 14.

Yes ⇩ Complete the rest of this section for each entity matchi
criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus: (city and state or count

FOREIGN ENTITIES

14. Is there any foreign entity that:

- 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 subsi
 activities of 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 ou
 of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for eac
matching the criteria above, then sign a
registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature _____

Date 7/22/04

Printed Name and Title Patrick Morrisey, Partner

Form LD-1 (Rev. 04/03)