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LOBBYING REPORT

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

1. Registrant Name Mayer, Brown, Rowe & Maw			
2. Address <input type="checkbox"/> Check if different than previously reported 1909 K Street, NW, Washington, DC 20006-1101			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Rebecca L. Jackson	Telephone 202-263-3000	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Health Industry Group Purchasing Association (HIGPA)			8. House ID #

TYPE OF REPORT8. Year 2002☒ Midyear (January 1-June 30) OR☐ Year End (July)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 Lc**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"/> 140,000.00</p> <p style="text-align: center;">Income (nearest \$20,000)</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 checked="" type="checkbox"/> _____</p> <p style="text-align: center;">Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6113 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1631 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Rebecca L. Jackson, Partner

Registrant Name Mayer Brown Rowe & Maw Client Name Health Industry Group Purchasing Association

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

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

16. Specific lobbying issues

Healthcare and Antitrust issues.

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

U.S. Senate

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

Name	Covered Office Position (if applicable)
Rebecca L. Jackson	

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

Signature Rebecca L. Jackson Date August 12,
 Printed Name and Title Rebecca L. Jackson, Partner

