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LOBBYING REPORT

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

1. Registrant Name Ungaretti & Harris			
2. Address <input type="checkbox"/> Check if different than previously reported 1500 K Street, NW, Suite 250, Washington, DC 20005-1714			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Teresa A. Brooks	Telephone (202) 639-7504	E-mail (optional) tabrooks@uhlaw.com	5. Senate ID # 38916-012
7. Client Name <input type="checkbox"/> Self Allegiance Healthcare Corporation			6. House ID # 31764014

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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"/> ⇨ \$ <u>160,000.00</u> 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 align="center">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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</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 definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____ Date _____

Printed Name and Title _____

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Registrant Name Ungaretti & Harris Client Name Allegiance Healthcare Corporation

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

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

16. Specific lobbying issues

Regulation and distribution of natural rubber latex medical gloves.
OSHA Technical Information Bulletin on natural rubber latex gloves.
Fiscal Year 2003 and 2004 Agriculture Appropriations report language concerning natural rubber latex gloves.
FDA report on and response to the use of natural rubber latex gloves in food handling.

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

Department of Health and Human Services
U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Joseph A. Cari, Jr.	
Heather J. Christie	
Spencer O. Perlman	
Sam Vinson	
Sheryl Winesett	

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

Signature _____ Date _____

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Registrant Name Ungaretti & Harris Client Name Allegiance Healthcare Corporation

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address
 Cardinal Health 200, Inc., 1430 Waukegan Road, McGaw Park, IL 60085-6787

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

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities
 Client name has changed to Cardinal Health 200, Inc.

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
 Page C. Faulk

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

Signature *Teresa A. Brooks* Date February 17,

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

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