Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amen	ded Registration	1. Effective Date of Registration 3/1/2004			
2. House Identification Number			Senate Identification Number			
RE	EGISTRANT					
3.	Registrant Name	Arnold & Porter LLP				
	Address	555 12th Street, NW				
	City	Washington	State DC Zip 20004			
4.	Principal place of be	usiness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number a	and contact name Contact	E-Mail (optional)			
	202-942-5928	Grant Bagley	Grant_Bagley@aporter.com			
6.	General description of registrant's business or activities Law firm					
CI		bying firm is required to file a separate reed "Self" and proceed to line 10.	egistration for each client. Organizations employing in-house lobbyists should elf			
7.	Client Name	PhRMA				
	Address	1100 15th Street, N.W.				
	City	Washington	State DC Zip 20005			
8.	Principal place of b	usiness (if different from line 7)				
	City	,	State/Zip (or Country)			
9.	General description of client's business or activities Organization representing research-based pharmaceutical and biotechnology companies.					
L	DBBYISTS					
10.	in this section has se	erved as a "covered executive branch	act as a lobbyist for the client identified on line 7. If any person listed official" or "covered legislative branch official" within two years of and/or legislative position(s) in which the person served.			
	Name		Covered Official Position (if applicable)			
•	Grant Bagley					
	Michael Ruggiero					

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Form LD-1 (Rev. 06/98)		Pa

Registrant Name:	Arnold & Porter LI	<u></u>	<u></u>				
Client Name:	PhRMA						
LOBBYING 11. General lobb MED		all applicable codes listed i	n instructions and on the reverse sic	le of Form LD-1, page 1.			
· ·	Specific lobbying issues (current and anticipated) Medicare drug coverage and payment.						
13. Is there an er semiannual p	period and in whole or r	nt that contributes more than najor part plans, supervises,	\$10,000 to the lobbying activities or controls the registrant's lobbying	g activities?			
🛛 No. Go t	☑ No. Go to line 14.		Yes. Complete the rest of this section for each entity a criteria above, then proceed to line 14.				
	Name		Address	Principal Place of Busin (city and state or count			
a) hold b) dire of th c) is an	foreign entity that: ds at least 20% equitable ectly or indirectly, in wh he client or any organiz	nole or in major part, plans, ation identified on line 13;	any organization identified on line supervises, controls, directs, finance or d on line 13 and has a direct interes	es, or subsidizes activities			
🔀 No. Sigr	and date the registration	on.	Complete the rest of this section criteria above, the sign and date				
Name		Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities			
Signature		901	Date	4/6/2004			

Form LD-1 (Rev. 06/98)

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