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SECRETARY OF THE SENATE

02 FEB 14 PM 5:33

LOBBYING REPORT

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

1. Registrant Name Reed Smith			
2. Address <input type="checkbox"/> Check if different than previously reported 1301 K Street, N.W. - Suite 1100 - East Tower, Washington, DC 200			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Phillips S. Peter		Telephone 202-414-9258	5. Sen 32
7. Client Name <input type="checkbox"/> Self Omnicare, Inc.		E-mail (optional)	6. Hous 30

TYPE OF REPORT 8. Year 2001 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 L

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 checked="" type="checkbox"/> (NO INCOME) \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000) 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).	13. Organizations EXPENSES relating to lobbying activities for period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (near 14. REPORTING METHOD. Check box to accounting method. See instructions for descri <input type="checkbox"/> Method A. Reporting amounts using LD/ <input type="checkbox"/> Method B. Reporting amounts under sect Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under sec Internal Revenue Code
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Signature

Phillips S. Peter

2/12/02

Printed Name and Title Phillips S. Peter, Counsel, Head of Government Relations

