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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
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration May 27, 2006

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Mayer, Brown, Rowe & Maw
 Address 1909 K Street, N.W.
 City Washington State DC Zip 20006

4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____

5. Telephone number and contact name 202-263-3000 Carolyn P. Osolinik 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 labeled "Self" and proceed to line 10. Self*

7. Client Name University of Rochester Medical Center.
 Address 601 Elmwood Avenue
 City Rochester State NY Zip 14642

8. Principal place of business (if different from line 7)
 City same State/Zip (or Country) _____

9. General description of client's business or activities
Teaching hospital

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 person listed in this section is a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Carolyn P. Osolinik	
Robert E. Bloch	

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Form LD-1 (Rev. 06/98)

Registrant Name Mayer, Brown, Rowe & Maw Client Name University of Rochester Medical C

LOBBYING ISSUES

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

HCR _____

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

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

Name	Address	Principal Place of B (city and state or cc

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 subsidizes 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 outcom of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ↓ Complete the rest of this section for each en matching the criteria above, then sign and d registration.

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

Signature Carolyn P. Teolinik Date May 28, 2003

Printed Name and Title ^v Carolyn P. Osolinik, Partner

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