

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

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

LOBBYING REPORT

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

1. Registrant Name Mayer, Brown, Rowe & Maw LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1909 K Street, N.W., Washington, DC 20006-1101			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name James M. Wootton	Telephone (202) 263-3000	E-mail (optional)	5. Senate ID # 2412
7. Client Name <input type="checkbox"/> Self Patient Safety Pharmaceutical Systems Group	8. House ID # 3134		

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) **OR** Year End (July 1-December 31)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 Activities**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>\$1,380,000</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 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 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature _____

Printed Name and Title James M. Wootton, Partner

Registrant Name Mayer, Brown, Rowe & Maw LLP Client Name Patient Safety Pharmaceutical Systems Group

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

No specific legislation. General patient safety and related pharmaceutical issues.

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

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

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

Name	Covered Office Position (if applicable)
James M. Wootton	
John P. Schmitz	
Sheila Dearybury Walcott	

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

Signature _____ Date _____

Printed Name and Title James M. Wootton, Partner

Registrant Name Mayer Brown Rowe & Maw LLP Client Name Patient Safety Pharmaceutical Systems Group

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

20. Client new address

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

LOBBYIST UPDATE

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

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)
Pfizer, Inc.	235 E. 42 nd Street New York, NY 10017	New York, NY

26. Name of each previously reported organization that is **no longer** affiliated with 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 affiliated organization

Signature _____ Date _____

Printed Name and Title James M. Wootton, Partner

Registrant Name **Mayer Brown Rowe & Maw LLP** Client Name **Patient Safety Pharmaceutical Systems Group**

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Name	Address	Principal Place of Business (city and state or country)
Wyeth	5 Giralda Farms Madison, NJ 07940	Madison, NJ

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Name	Address	Principal Place of Business (city and state or country)
Johnson & Johnson	1 Johnson & Johnson Plaza New Brunswick, NJ 08933	New Brunswick, NJ

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Signature _____ Date _____

Printed Name and Title James M. Wootton, Partner

