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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 12/1/2003  
2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant Name **PodestaMattoon**  
Address **1001 G Street, NW** **Suite 900 East**  
City **Washington** State **DC** Zip **20001**  
4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
5. Telephone number and contact name Contact E-Mail (optional)  
**202-879-9366** **Jeff Cordeau** **jcordeau@podestamattoon.com**  
6. General description of registrant's business or activities  
**Public Policy, Government Relations and Public Affairs Firm**

**CLIENT** *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client Name **US Oncology**  
Address **16825 Northchase Dr.** **Suite 1300**  
City **Houston** State **TX** Zip **77060**  
8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
9. General description of client's business or activities  
**An association of United States oncologists**

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

Name	Covered Official Position (if applicable)
<b>Bill Clark</b>	<b>Executive Office of the POTUS-Office of Perso</b>
<b>Kimberley Fritts</b>	
<b>Lauren Maddox</b>	



Registrant Name: **PodestaMattoon**

Client Name: **US Oncology**

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Item	Description	Data
10a	Lobbyist Name	Elizabeth Morra
10b	Covered Official Postion	House Appropriations Committee
10a	Lobbyist Name	Ed Rothschild
10b	Covered Official Postion	



Registrant Name: **PodestaMattoon**

Client Name: **US Oncology**

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**LOBBYING ISSUES**

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

**MMM**

12. Specific lobbying issues (current and anticipated)

**H.R.1 Medicare prescription drug and modernization act of 2003**

**AFFILIATED ORGANIZATIONS**

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

No. Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)
ShawPittman, LLP	2300 N Street, LLP Washington, DC 20037	

**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 outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, the sign and date the registration.

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

Signature *Paul Mattoon*

Date 1/30/2004

Printed Name and Title

**Daniel J. Mattoon - Co-Chairman**

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Form LD-1 (Rev. 06/98)

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