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LOBBYING REPORT

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

| | | | |
|--|-----------|-------------------|---------------------------|
| 1. Registrant Name David J. Aho | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 405 Farrington | | | |
| 3. Principal Place of Business (if different from line 2) City: Lincolnshire State/Zip (or Country): IL 60069 | | | |
| 4. Contact Name David Aho | Telephone | E-mail (optional) | 5. Senate ID # 498-24 |
| 7. Client Name <input type="checkbox"/> Self PathoGenesis Corporation | | | 6. House ID # 30012001 |

TYPE OF REPORT 8. Year 2000 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 Activity

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 | |
|---|--|
| <p>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 type="checkbox"/> ⇒ \$ <u>30,000</u> <small>Income (nearest \$20,000)</small></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>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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Signature David J. Aho

Printed Name and Title David J. Aho

Registrant Name David J. Aho Client Name PathoGenesis Corporation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HROR (one per page)

16. Specific lobbying issues

Various government funded health programs at National Institute of Health (NIH), Centers for Disease Control (CDC) and Commerce Advanced Technology Program (ATP)

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

- House
- Senate
- NIH
- Healthcare Financing Administration
- CDC
- ATP (Commerce)

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

| Name | Covered Official Position (if applicable) | New |
|--------------|---|--------------------------|
| David J. Aho | None | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature _____ Date _____

Printed Name and Title David J. Aho, Attorney

Registrant Name David J. Aho Client Name PathoGenesis Corporation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Reimbursement for inhaled drug therapies

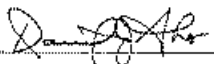
17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
Healthcare Financing Administration

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

| Name | Current Official Position (if applicable) | New |
|--------------|---|--------------------------|
| David J. Aho | None | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature  Date 2/7/01
Printed Name and Title David J. Aho, Attorney

Registrant Name David J. Aho Client Name PathoGenesis Corporation

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

20. Client new address

no 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

None

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

None

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|-------------|---------|--|
| <u>None</u> | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

None

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 | Ownership percentage in client |
|-------------|---------|--|---|--------------------------------------|
| <u>None</u> | | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

None

Signature  Date 2/7/01

Printed Name and Title David J. Aho