



SECRETARY OF THE SENATE

02 MAY -7 AM 11:44

Arent Fox Kintner Plotkin & I
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Mike McNamara
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Reference Number
900166.00004

May 6, 2002

VIA HAND DELIVERY

Senate Office of Public Records
232 Hart Senate Office Building
Washington, D. C. 20510
ATTN: Erica

RE: Aventis Pasteur (ID: 4208-2472)

Dear Erica:

Per your conversation today with my assistant, Doris Brady, please find enclosed a copy of lobby registration and the certified mail receipt for the above-referenced client. This registr was filed by certified mail on October 25, 2001.

Please feel free to contact Ms. Brady at 202/857-6111 should you require additional informa:

Sincerely,

A handwritten signature in black ink, appearing to read "Mike McNamara", with a long, sweeping flourish extending to the right.

Mike McNamara

Enclosure

WASHINGTON, DC

NEW YORK

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 9/3
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Arent Fox Kintner Plotkin & Kahn, PLLC
 Address 1050 Connecticut Ave., NW
 City Washington State DC Zip 20036-5339
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name
(202) 857-6000 Contact Mike McNamara 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 Aventis Pasteur
 Address Discovery Drive
 City Swiftwater State PA Zip 18370
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Pharmaceuticals Manufacturer

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

Name	Covered Official Position (if app)
David M. Larson	Health Policy Advisor, Sen. E
.....
.....
.....
.....

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Registrant Name Arent Fox Kaitner Plotkin & Kahn, PLLC Client Name Aventis Pasteur

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form HCR

12. Specific lobbying issues (current and anticipated)
 Vaccination Initiatives

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each of the criteria above, then proceed to line 14

Name	Address	Principal Place of (city and state or

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 1
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?

No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
Connaught Laboratories Ltd.		Willowdale Ontario, Canada	0%

Signature Elliott I. Portnoy Date 10/22/01

Printed Name and Title Elliott I. Portnoy, Member

00020171366

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

7001 0320 0002 1659 2602

Postage	\$.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.17

Sent To *Secretary of Dept*
 Street, Apt. No.,
 or PO Box No. *232 West Blvd*
 City, State, ZIP+4
Wash DC 20511

PS Form 3800, January 2001

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

7001 0320 0002 1659 2619

Postage	\$.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Sent To *Jeff Mandall*
 Street, Apt. No.,
 or PO Box No. *B 106 Cornn*
 City, State, ZIP+4
DC 20515

PS Form 3800, January 2001

