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

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPORTE SEA

Lobbying Disclosure Act of 1995 (Section 5) — All Filers Are Required To Complete This 2 age 3: (

 Registrant Name Mayer, Brown, Rowe & I 			

1909 K Street, NW, Was			
	ness (if different from line 2)	***************************************	***************************************
City:		State/Zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Rebecca L. Jackson	202-263-3000		24123-141
7. Client Name Self RxHub LLC			8. House ID # 31349-104
NCOME OR E	Termination Report Termination Date XPENSES — Complete Either Line		11. □ No I
12. Lobbying Firms		13. Organizations	
INCOME relating to was:	lobbying activities for this reporting period	period were:	vities for this
Less than \$10,000		Less than \$10,000	
\$10,000 or more	■□> \$80,000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Expenses (neare
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).		14. REPORTING METHOD. Chec accounting method. See instructions	
		☐ Method A. Reporting amounts using LDA de Reporting amounts under section Internal Revenue Code	
		☐ Method C. Reporting amounts	
		Internal Revenue Co	
Signature /	becca Deksor	Internal Revenue C	
Signature / U	blcca Jockson itle Rebecca Jackson, Partner	Internal Revenue C	

LOBBYING ACTIVITY. Select as lobbying on behalf of the client during the Attach additional page(s) as needed.	many codes as necessary to reflect the general issue areas in which the regise reporting period. Using a separate page for each code, provide informate
15. General issue area code HCR	(one per page)
16. Specific lobbying issues	
Healthcare Technology Issues, no specific	legislation
17. House(s) of Congress and Federal ag	encies contacted Check if None
U.S. Senate U.S. House of Representatives Department of Health Human Services	
18. Name of each individual who acted a	·
Name	Covered Office Position (if applicable)
Name Rebecca Jackson	Covered Office Position (if applicable)
Name Rebecca Jackson Sheila Dearybury Walcoff	Covered Office Position (if applicable)
Name Rebecca Jackson Sheila Dearybury Walcoff David McIntosh	Covered Office Position (if applicable)
Name Rebecca Jackson Sheila Dearybury Walcoff David McIntosh John P. Schmitz	Covered Office Position (if applicable)
Name Rebecca Jackson Sheila Dearybury Walcoff David McIntosh John P. Schmitz	Covered Office Position (if applicable)
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Rebecca Jackson Sheila Dearybury Walcoff David McIntosh John P. Schmitz	Covered Office Position (if applicable)