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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 REPORT

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

1. Registrant Name Mayer, Brown & Platt			
2. Address <input type="checkbox"/> Check if different than previously reported 1909 K Street, N.W., Washington, DC 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Peter Scher	Telephone 202-263-3360	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Pharmacia			8. House ID #

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) **OR** Year End (Jul
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**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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → _____ 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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____ Expenses (r</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 def</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 _____

Peter Scher, Partner



Registrant Name Mayer, Brown & Platt Client Name Pharmacia

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

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

16. Specific lobbying issues

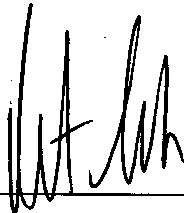
Various International Trade Issues

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

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

Name	Covered Office Position (if applicable)
Peter Scher	Partner
Sean Murphy	Associate

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

Signature  Date 8/2/01

Printed Name and Title Peter Scher, Partner



Registrant Name Mayer, Brown & PlattClient Name Pharmacia**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 UPDATE23. 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)

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 or affiliated organization**

Signature _____

Date _____

Printed Name and Title _____

