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LOBBYING REPORT

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

1. Registrant name
 Mr. Lee Johnson

2. Address Check if different than previously reported
 101 Constitution Avenue, NW Suite 525 East
 Washington DC 20001 US

3. Principal place of business (if different than line 2)
 City State/Zip or Country

4a. Contact Name b. Telephone number c. E-mail 5. Senate ID #
 Mr. Lee Johnson 202-589-1213 lee@theleejohnsongroup.com 87290

7. Client Name Self 6. House ID #
 Omnicare Senior Health Outcomes, LLC 3660300

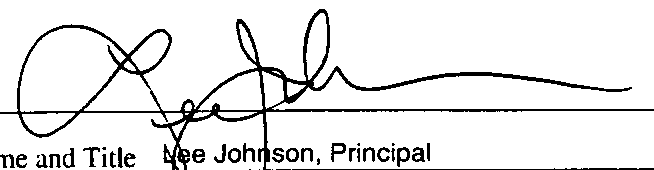
TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 12/12/2004 11. No Lobbying Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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>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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate appropriate accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions e</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>

Signature  Date February 11, 200

Printed Name and Title Lee Johnson, Principal



Registrant Name Lee Johnson

Client Name Omnicare Senior Health Outcomes,

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

15. General issue area code MED - Medical/Disease Research/Clinical Labs (one per page)

16. Specific lobbying issues

Congressional support for specialized chronic disease health care delivery programs.

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

United States Senate

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

Name	Covered Official Position (if applicable)
Lee Johnson	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature 

Date February 11, 200

Printed Name and Title Lee Johnson, Principal

LD-2DS (REV. 4/03)

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