

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

Secretary of the Senate
Office of Public Records
332 Hart Building
Washington, D.C. 20510

SECRETARY OF THE SENATE
19 OCT 20 AM 11:25

H.D.

LOBBYING REPORT

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

1. Registrant Name Hogan & Hartson L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 Thirteenth Street, N.W.			
3. Principal Place of Business (if different from line 2) City Washington State/Zip (or Country) D.C. 20004			
4. Contact Name Donna A. Boswell		Telephone 202-637-5814	E-mail (optional)
5. Senate ID # 30470196		6. House ID # 30470196	
7. Client name <input type="checkbox"/> Self Unimed Pharmaceuticals, Inc.			

8. Year 1999 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 5-31-99 11. No Lobbying Activity

INCOME OR EXPENSES — Complete Either Line 12 OR Line 13

12. Lobbying Firms		13. Organizations	
INCOME relating to lobbying activities for this reporting period was:		EXPENSES relating to lobbying activities for this reporting period were:	
Less than \$10,000 <input type="checkbox"/>		Less than \$10,000 <input type="checkbox"/>	
\$10,000 or more <input checked="" type="checkbox"/> ⇒ <u>5 20,000</u>	Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____	Expenses (nearest \$20,000)
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).		(4. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.)	
		<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only	
		<input type="checkbox"/> Method B. Reporting amounts under section 6031(b)(8) of the Internal Revenue Code	
		<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	

Signature *Donna A. Boswell* Date 10/17/99

Printed Name and Title Donna A. Boswell Attorney

Registrant Name Hogan & Hartson L.L.P.

Client Name Unimed Pharmaceuticals

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 individual page(s) as needed.

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

16. Specific lobbying issues

Medicaid Pharmaceutical rebates

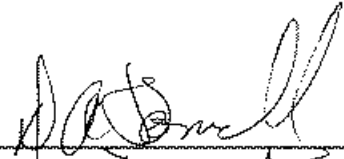
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives

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

Name	Covered Official Position (if applicable)	New
<u>Donna A. Boswell</u>		<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 
Printed Name and Title Donna A. Boswell Attorney

Registrant Name Hogan & Hartson L.L.P. Client Name _____

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 UPDATE

23. 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** apply

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 the 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	Ownership percentage in client

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

Signature _____

Printed Name and Title _____