

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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SECRETARY OF THE
04 JUN 23 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/30/2004

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Reed Smith

Address 1301 K Street, NW, Suite 1100 - East Tower

City Washington

State DC

Zip 20005

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(703) 414-9236

Contact Jose A. Fuentes

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 be

labeled "Self" and proceed to line 10. *Self*

7. Client name Barr Laboratories, Inc.

Address P.O. Box 2900

City Pomona

State NY

Zip 10970

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Pharmaceutical Company

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 any in this section has served as a "covered executive branch official" or "covered legislative branch official" within two 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 applicable)
<u>Jose A. Fuentes</u>	

Registrant Name Reed Smith Client Name Barr Laboratories, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

PHA

12. Specific lobbying issues (current and anticipated)

FDA approval of contraceptive.

AFFILIATED ORGANIZATIONS

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

No ↪ Go to line 14.

Yes ↴ Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or coun

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 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subs: 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 in the ou of the lobbying activity?

matching the criteria above, then sign a registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date _____

Printed Name and Title Jose A. Fuentes, Partner

Form LD-1 (Rev. 04/03)