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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Reg	istration <u>5-1-63</u>			
2. House Identification Number		ate Identification Number			
REGISTRANT 3. Registrant name LARSON Dodd, LL	<u>C</u>				
Address 2000 L Street, NV	N Suite 801				
City WAShington	State OC	Zip 20036			
4. Principal place of business (if different from line 3) City	State/Zip (or C	Country)			
5. Telephone number and contact name (20) 775-0223  Contact	DAVE LARSON	E-mail (optional) dave (			
6. General description of registrant's business or activities  6. General description of registrant's business or activities					
CLIENT A Lobbying firm is required to file a separate registrate labeled "Self" and proceed to line 10. Self  7. Client name Pharmaceutical Research					
Address 1100 15th Street, NW	<u></u>				
City Washington	State OC	Zip 20005			
8. Principal place of business (if different from line 7) City	State/Zip (or	Country)			
9. General description of client's business or activities  Trace Association					
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 per 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 applic			
DAVE LARSON	HEAlth Policy Advisor, SEN. B.			
Quin Oodd	LEgishHive Director, SEN			
	BATTY			
	1820 2000 4000000000000000000000000000000			

Form LD-1 (Rev. 06/98)



LOBBYING ISSUES   11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Formal HCR   Mmm   MEO   BUD   12. Specific lobbying issues (current and anticipated)   12. Specific lobbying issues (current and anticipated)   13. Specific lobbying issues (current and anticipated)   14.   15.   16.   1	Registrant Nam	e LARSON	0.99)	LLC	_Client Nar	Pharmac me Manufac	eutical ctures	of America	
12. Specific lobbying issues (current and anticipated)  — Medic ARE Prescriptor Orty Blant it.  — Hake Janaman Orty Patent issues  AFFILIATED ORGANIZATIONS  13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobby No ⇒ Go to line 14.  Name  Address  Principal Place of (city and state or country)  Address  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 15 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?  No ⇒ Sign and date the registration.  Principal place of business (city and state or country)  Address  Principal place of business (city and state or country)  Address  Principal place of contribution for matching the criteria above, then a registration.	LODDAT	NC ICCITE	C		e codes liste	d in instructions a	nd on the rev	verse side of Form LD	
12. Specific loobying assues (current and antergree the process of this section for each er the criteria above, then proceed to line 14.  AFFILIATED ORGANIZATIONS  13. Is there an entity other than the client that contributes more than \$10,000 to the loobying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's looby  No ⇒ Go to line 14.  Name  Address  Principal Place of (city and state or controls) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?  No ⇒ Sign and date the registration.  Principal place of business (city and state or country)  Address  Principal place of contribution for matching the criteria above, then registration.  Name  Address  Principal place of business (city and state or country)  Amount of contribution for contribution for matching the criteria above, then the registration.									
13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobby  No ⇒ Go to line 14.	-MEDICA	RE Prescri Warman C	ا مروسلاط.	Year Kon	31 F 17			1-4 109 130	
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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 1 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?  No \Rightarrow Sign and date the registration.  Principal place of business (city and state or country)  Address  Principal place of contribution for contribution for contribution for lobbying activities.	<b>☑</b> N	Io ⇔ Go to line	e 14.		⊔ Yes	· ·			
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Signature 6-6-03	N	lame		Address	***	busines	s	Amount of contribution for lobbying activities	
Signature 01M2 Date 6-6-03									
DISHBILLE VVI /// C	Signature	Odm	2				Date_	6-6-03	

Printed Name and Title DAVE LARSON, MEMBER

Form LD-1 (Rev. 06/98)