Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amen	ded Registration	1. Effective Date of Registration 5/1/2004  Senate Identification Number		
2.	House Identification	Number			
RI	EGISTRANT				
3.	Registrant Name	Fleishman-Hillard Government F	Relations		
	Address	1775 Eye Street, N.W.	Suite 700		
	City	Washington	State DC Zip 20006		
4.	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)		
5.	Telephone number a 202-551-1440	and contact name Contact  Matthew LaRocco	E-Mail (optional) laroccom@fleishman.com		
6.	=	of registrant's business or activities ions Consulting Firm			
Cl		obying firm is required to file a separate reg	zistration for each client. Organizations employing in-house lobbyists shoul		
7.	Client Name	Hollis-Eden Pharmacueticals			
	Address	4435 Eastgate Mall	Suite 400		
	City	San Diego	State CA Zip 92121		
8.	Principal place of b	usiness (if different from line 7)	. State/Zip (or Country)		
9.	General description of client's business or activities  Pharmacuetical company				
	in this section has s	erved as a "covered executive branch of	ct as a lobbyist for the client identified on line 7. If any person listed official" or "covered legislative branch official" within two years of and/or legislative position(s) in which the person served.  * Covered Official Position (if applicable)		
	Yor Honsings				

Form LD-1 (Rev. 06/98)

ant Name:	Fleishman-Hillard Government Relations  Hollis-Eden Pharmacueticals				
Client Name:					
LOBBYING 11. General lobby HCR, HOM	ying issue areas. Select all a	pplicable codes listed in	instructions and on the reverse	e side of Form LD-1, page 1.	
12. Specific lobb	ying issues (current and anti	= '			
13. Is there an en		t contributes more than	\$10,000 to the lobbying activitor controls the registrant's lobb		
🔀 No. Go to	o line 14.	☐ Yes. Complete the rest of this section for each entity matching criteria above, then proceed to line 14.			
	Name	A	ddress	Principal Place of Busi (city and state or coun	
b) direct of the c) is an	Foreign entity that:  Is at least 20% equitable own  ctly or indirectly, in whole on  the client or any organization	or in major part, plans, s identified on line 13; o	ny organization identified on l upervises, controls, directs, fin r on line 13 and has a direct int	ances, or subsidizes activities	
🔀 No. Sign	and date the registration.	☐ Yes.	Complete the rest of this sec criteria above, the sign and of	tion for each entity matching date the registration.	
Name		Address	Principal Place of Busines (city and state or country		
	late test			ate6/4/2004	

Form LD-1 (Rev. 06/98)