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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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

heck if this is an Amended Registration 🚨	1. Effective Date of Registration 7/1/2002
. House Identification Number	Senate Identification Number
REGISTRANT Registrant name Clark & Associates	
Address 1020 19th Street, NW, Suite 700	
City Washington	State DC Zip 20036
Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name (202) 246-1600 Contact	Steve Clark E-mail (optional)
6. General description of registrant's business or activities Public Affairs Consultants	
CLIENT A Lobbying firm is required to file a separate registration labeled "Self" and proceed to line 10. Self 7. Client name Barr Laboratories, Inc. Address 444 North Capitol Street, Suite 722	ion for each client. Organizations employing in-house lobbyists should to
City Washington	State DC 'Zip 20001
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities Health Issues	
this section has served as a "covered executive branch	o act as a lobbyist for the client identified on line 7. If any per the official of the client identified on line 7. If any per the official offici
Name	Covered Official Position (if applied
Steve Clark	
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nt Name.		Barr Laboratories, In

LOBBYING ISSUES 11. General lobbying issue area	s. Select all applicable coo	les listed in instructions a	nd on the rev	erse side of Form LD-	
HCR		¥		_	
12. Specific lobbying issues (cu	rrent and anticipated)	av i j	. *	· · · · · · · · · · · · · · · · · · ·	
H.R. 1862 - Generic drug issues before the U.S. C		ntial reform of Hatch/Wa	axman Act,	and general legislativ	
AFFILIATED ORGA 13. Is there an entity other the a semiannual period and	an the client that contrib				
No ⇒ Go to line I	4.	Yes Complete the rest of this section for the criteria above, then proceed to			
Name		Address		Principal Place of Bus (city and state or cou	
e e e e e e e e e e e e e e e e e e e	a de la compansa de l	entenigo a para de la compansión de la com		waxa dan baran da sa	
b) directly or indiractivities of the	y that: O'' equitable ownership rectly, in whole or in ma e client or any organizati f the client or any organi	jor part, plans, supervis on identified on line 13	es, controls; or	, directs, finances or	
No ⇒ Sign and date	the registration.	match		of this section for ea	
Name	Address	Principal pla business (city and state or	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of contribution for lobbying activities	
				. 4-7,4	
			<u> </u>		