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

SECRETARY OF THE SCHAFE

# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name			
PodestaMattoon			
2. Registrant Address	nt than previously reported  State/Zip (or Country)	Suite 900 East DC 20001	
Principal Place of Business (if different from			
City	State/Zip (or Country)		
4. Contact Name  Jeff Cordeau		mail (optional) ordeau@podestamattoon.com	5. Senate ID #
7. Client Name  Self  Millennium Pharmaceuticals, In		or a control of the c	6. House ID #
INCOME OR EXPENSE	S - Complete Eit	her Line 12 <b>OR</b> Line 13	
12. Lobbying Fi	·	13. Organiza	ations
INCOME relating to lobbying activi period was:  Less than \$10,000		EXPENSES relating to lobbying actiperiod were:  Less than \$10,000 □	
\$10,000 or more   \( \sigma \) >> \( \sigma \)	ne from the client ant by any other entit	14. REPORTING METHOD. Check box accounting method. See instructions for descriptions.	
		☐ Method C. Reporting amounts to Internal Revenue Co	inder section 10 ode

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 1 of 12

2/14/2005

Signature	JUNINI VUY	 Date	
Printed Name and Title	Sharon Cohen - Principal	 	_

Regi	strant Name:	<u>PodestaMattoon</u>				
Clie	nt Name:	Millennium Pharmaceuticals, Inc.				
enga	ged in lobbyin	TVITY. Select as many codes as necessary g on behalf of the client during the reportinulated. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide			
	15. General issue area code <u>CPT</u> (one per page)					
16.	Specific Lobb Patent fees a	oying issues nd Hatch Waxman Changes				
17.	Department Food & Dru	Congress and Federal agencies contacted of Health & Human Services g Administration presentatives	☐ Check if None			
18.	Name of eac	h individual who acted as a lobbyist in this	issue area			
	Name		Covered Official Position (if applicable)			
	Cohen, Sha	ron				
	Podesta, Ar	thony				
_						
19.	. Interest of e	ach foreign entity in the specific issues liste	d on line 16 above   Check if None			

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 3 of 12

Signature	WUVN OU-10-	Date
Printed Name and Title	Sharon Cohen - Principal	

Regi	strant Name:	<u>PodestaMattoon</u>		
Clier	nt Name:	Millennium Pharmaceu	ticals, Inc.	
enga	ged in lobbyin	IVITY. Select as many cog on behalf of the client durested. Attach additional page	iring the reportin	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
	General issue		(one per page)	
16.	Specific Lobb Health quali	oying issues ty indicators and Nationa	al Institute of Ho	ealth tech transfers
17.	Department Food & Dru	Congress and Federal agend of Health & Human Server Administration presentatives		☐ Check if None
18.	Name of each	h individual who acted as a	ı lobbyist in this	issue area
	Name			Covered Official Position (if applicable)
	Cohen, Shar	ron		
	Podesta, An	thony		
-				
			<u> </u>	
19	Interest of e	ach foreign entity in the sp	ecific issues liste	ed on line 16 above 🔀 Check if None

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 5 of 12

Signature	Date
Printed Name and Title Sharon Cohen - Principal	

Regi	strant Name:	e: PodestaMattoon	
Clier	nt Name:	Millennium Pharmaceuticals, Inc.	
nga	ged in lobbyin	CTIVITY. Select as many codes as necessary to reflect the general issuying on behalf of the client during the reporting period. Using a separaquested. Attach additional page(s) as needed.	sue areas in which the registrant rate page for each code, provide
	General issue		
16.		obbying issues  cality indicators and National Institute of Health tech transfers	
17.	Department Food & Dru	of Congress and Federal agencies contacted ent of Health & Human Services Orug Administration Representatives	☐ Check if None
18.	Name of eac	each individual who acted as a lobbyist in this issue area	
	Name	Covered Official Po	osition (if applicable)
	Cohen, Sha	haron	
	Podesta, An	Anthony	
	<u>.</u>		
	· · ·		
<del></del>	<u>.</u>		
		of each foreign entity in the specific issues listed on line 16 above	☑ Check if None

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 7 of 12

Signature	Juli ~	Date _ <del></del>
Printed Name and Title	Sharon Cohen - Principal	

Regi	strant Name:	PodestaMattoon				
Clier	nt Name:	Millennium Pharmaceuticals, Inc.				
enga	ged in lobbyin	IVITY. Select as many codes as necessary g on behalf of the client during the reportin tested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide			
	5. General issue area code MMM (one per page)					
16.		oying issues verage Issues				
17.	Department Food & Dru	Congress and Federal agencies contacted of Health & Human Services g Administration presentatives	☐ Check if None			
18.	Name of eac	h individual who acted as a lobbyist in this	issue area			
	Name		Covered Official Position (if applicable)			
	Cohen, Sha	ron				
	Podesta, An	thony				
<del></del>						
<del></del>						
19	. Interest of e	ach foreign entity in the specific issues liste	d on line 16 above   Check if None			

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 9 of 12

- 2/14/2005

Signature(	July Co	<del></del>	Date .	AI THAUUU	
Printed Name and Title	Sharon Cohen - Principal	-			

Regis	strant Name:	<u>PodestaMattoon</u>	
Clier	ıt Name:	Millennium Pharmaceuticals, Inc.	
enga	ged in lobbyin	TVITY. Select as many codes as necessary g on behalf of the client during the reportinuested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
	General issue		
16.	Specific Lobb Drug safety	oying issues importation issues	
17.	Department Food & Dru	Congress and Federal agencies contacted of Health & Human Services g Administration presentatives	☐ Check if None
18.	Name of eac	h individual who acted as a lobbyist in this	issue area
	Name		Covered Official Position (if applicable)
	Cohen, Sha	ron	
	Podesta, An	thony	
	<u></u>		
**			
19.	Interest of e	ach foreign entity in the specific issues liste	d on line 16 above   Check if None

Filing #e78a609b-c905-4a88-86a8-48ed92a291d3 - Page 11 of 12

Signature	wi www	Date
Printed Name and Title	Sharon Cohen - Principal	 