

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 SENATE
04 APR 28 AM 11:06

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 4/1/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Gilead Sciences Inc.

Address 333 Lakeside Drive

City Foster City

State CA

Zip 94404

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(650) 522-5062

Contact Anthony Lakavage

E-mail (optional) _____

6. General description of registrant's business or activities

Health Care

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name _____

Address _____

City _____

State _____

Zip _____

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities _____

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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)
Anthony P. Lakavage	

Registrant Name Gilead Sciences Inc. Client Name _____

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

HIV/AIDS related Health Care issues

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 activiti

No ⇨ Go to line 14.

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

Name	Address	Principal Place of Busi (city and state or count

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 subsid
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 out
of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for each
matching the criteria above, then sign ar
registration.

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

Antonia Sel

Signature _____ Date _____

Printed Name and Title Anthony Lakavage, Director, Government Affairs

Form LD-1 (Rev. 04/03)