

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 SENATE

**LOBBYING REPORT: 01**

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

1. Registrant Name Mayer, Brown, Rowe & Maw LLP			
2. Address ~ Check if different than previously reported 1909 K Street, NW, Washington, DC 20006-1101			
3. Principal Place of Business (if different from line 2)			
City:		State/Zip (or Country)	
4. Contact Name Rebecca L. Jackson	Telephone 202-263-3000	E-mail (optional)	5. Senate ID # 24123-143
7. Client Name ~ Self Health Industry Group Purchasing Association (HIGPA)			8. House ID # 31349 103

**TYPE OF REPORT**      8. Year 2004       Midyear (January 1-June 30)      **OR**       Year End (Jul

9. Check if this filing amends a previously filed version of this report -

10. Check if this is a Termination Report  , Termination Date \_\_\_\_\_ 11.  No L

**INCOME OR EXPENSES — Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000      <input checked="" type="checkbox"/> <b>X</b></p> <p>\$10,000 or more      <input type="checkbox"/> , _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this period were:</p> <p>Less than \$10,000      ~</p> <p>\$10,000 or more      ~ , _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p>~ <b>Method A.</b> Reporting amounts using LDA de</p> <p>~ <b>Method B.</b> Reporting amounts under section Internal Revenue Code</p> <p>~ <b>Method C.</b> Reporting amounts under section Internal Revenue Code</p>
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Signature Rebecca Jackson 2/15/05

Printed Name and Title Rebecca Jackson, Partner



Registrant Name Mayer Brown Rowe & Maw LLP Client Name Health Industry Group Purchasing Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Healthcare and Antitrust issues (no specific legislation).

17. House(s) of Congress and Federal agencies contacted ~ Check if None

U.S. Senate  
Department of Health & Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Office Position (if applicable)
Rebecca L. Jackson	
David McIntosh	

19. Interest of each foreign entity in the specific issues listed on line 16 above. ■ Check if None

Signature Rebecca Jackson Date 2/5/05  
Printed Name and Title Rebecca Jackson, Partner



Registrant Name Mayer, Brown, Rowe & Maw LLP Client Name Health Industry Group Purchasing Association (f

**Information Update Page — Complete ONLY where registration information has changed.**

20. Client new address

.....  
 21. Client new principal place of business (if different from line 20)

City State/Zip (or Country)

.....  
 22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or c
.....	.....	.....

26. Name of each previously reported organization that is **no longer** affiliated with registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contributio for lobbying activitie
.....	.....	.....	.....

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrar affiliated organization

Signature *Rebecca Jackson* Date 2/15/08  
 Printed Name and Title Rebecca Jackson, Partner

