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Washington, DC 20515

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Office of Public Records  
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Washington, DC 20510

RECEIVED  
SECRETARY OF THE SENATE  
**LOBBYING REPORT**  
08 JUN 23

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

**1. Registrant Name**  Organization  Individual  
Sidley Austin LLP

**2. Address**  Check if different than previously reported  
Address1 1501 K Street, NW Address2 \_\_\_\_\_  
City Washington State DC Zip Code 20005 - Cou \_\_\_\_\_

**3. Principal place of business (if different than line 2)**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - Cou \_\_\_\_\_

<b>4a. Contact Name</b> Mr. Patrick Morrisey	<b>b. Telephone Number</b> <input type="checkbox"/> International Number (202) 736-8228	<b>c. E-mail</b> mlyles@sidley.com	<b>5. Se</b> 352
<b>7. Client Name</b> <input type="checkbox"/> Self Schering-Plough			<b>6. Ho</b> 312

**TYPE OF REPORT** 8. Year 2007 Midyear (January1-June30)  Year End (July 1-De  
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 Lobbying Act

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

<b>12. Lobbying</b> <b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ 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).	<b>13. Organizations</b> <b>EXPENSE</b> relating to lobbying activities for thi were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____
<b>14. REPORTING</b> Check box to indic accounting method. See instructions for descript <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Revenue Code	

Signature  Digitally Signed By: William A. Sarraille Date 05

1000013602

**Printed Name and Title** William A. Sarraille, Partner

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v5.0.1b

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

15. General issue area code   (one per page)

16. Specific lobbying issues

Medicaid policy and reform related issues and Part D issues

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

Center for Medicare and Medicaid Services

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
William	Sarraille		N/A

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

[Empty box for foreign entity interest]

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**Printed Name and Title** William A. Sarraille, Partner

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v5.0.1b

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

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co

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

	First Name	Last Name	Suffix	First Name	Last Name
1	George	Kenny		3	
2	James	Stansel		4	

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address				Principal Place of (city and state or Country)
	Street Address City	State/Province	Zip	Country	
					City State Country

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

1  2  3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street Address City	State/Province	Country		
				City State Country	

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated c

1  2  3  4  5  6

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