

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
332 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE

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H.D.

## LOBBYING REPORT

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

|                                                                                                                                   |                                    |                   |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------|------------------------------------|
| 1. Registrant Name<br><u>Wilmer, Cutler &amp; Pickering</u>                                                                       |                                    |                   |                                    |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>2445 M Street NW Washington, D.C. 20037</u> |                                    |                   |                                    |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____                             |                                    |                   |                                    |
| 4. Contact Name<br><u>Ronald Greene</u>                                                                                           | Telephone<br><u>(202) 663-6285</u> | E-mail (optional) | 5. Senate ID #<br><u>41534-191</u> |
| 7. Client Name <input type="checkbox"/> Self<br><u>Health Industry Manufacturers Association</u>                                  | 6. House ID #<br><u>31343009</u>   |                   |                                    |

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

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

10. Check if this is a Termination Report ☒ Termination Date 8/14/99

11. No Lobbying Activity ☒

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13:

| 12. Lobbying Firms                                                                                                  | 13. Organizations                                                                 |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| INCOME relating to lobbying activities for this reporting period was:                                               | EXPENSES relating to lobbying activities for this reporting period were:          |
| Less than \$10,000 <input checked="" type="checkbox"/>                                                              | Less than \$10,000 <input type="checkbox"/>                                       |
| \$10,000 or more <input type="checkbox"/> \$ _____<br>Income (nearest \$20,000)                                     | \$10,000 or more <input type="checkbox"/> \$ _____<br>Expenses (nearest \$20,000) |
| 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. |                                                                                   |
| <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only                                     |                                                                                   |
| <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code          |                                                                                   |
| <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code              |                                                                                   |

Signature William Wilkins

Printed Name and Title William Wilkins, partner

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Registrant Name Wilmer, Cutler & Picker Client Name Health Industry Manufacturers  
ing Association

**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 CSP (one per page)

16. Specific lobbying issues

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

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

| Name | Covered Official Position (if applicable) | New                      |
|------|-------------------------------------------|--------------------------|
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |
|      |                                           | <input type="checkbox"/> |

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

Signature W. Wilkins Date 8-12-1999

Printed Name and Title William Wilkins, partner

FORM LU-2 (REV. 5/98)

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