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SECRETARY OF THE S

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

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPORT

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

1. Registrant name				
Organization The McManus Group				
2. Address Check if different than previously reported				
Addressl 660 Pennsylvania Ave. SE Suite 300				
City Washington State D	OC Zip Code 20003 Country			
3. Principal place of business (if different than line 2)				
City State City State/Z	Zip Code Country			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#			
Mr. John McManus 202-548-2317 jmci	manus@mcmanusgrp.com 2860			
7. Client Name Self Pfizer, Inc.	6. House ID# 3698			
10. Check if this is a Termination Report				
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporter:			
Less than \$10,000 🗵	Less than \$10.000			
\$10,000 or more □ ⇒ \$	\$10,000 or more □ ⇒ \$			
Provide a good faith estimate, rounded to the nearest \$20,000. of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of			
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).				
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	accounting method. See instructions for description of Method A. Reporting amounts using LDA definit Method B. Reporting amounts under section 603			

Form

fol MM

engaged in lobbying			Client Name Pfizer, Inc.
information as reque	VITY. Select as on behalf of the cl sted. Attach addit	ient during the	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each co os needed.
15. General issue are	a code	edicare/Medicai	d (one per page)
16. Specific lobbying	gissues		Add page to confinde specific is: in description for this issue
King amendment	are and Medicaid b to H.R. 3010, " De Appropriations Ac	partments of La	ss to Pfizer products. bor, Health and Human Services, and Education, and
17. House(s) of Cong	gress and Federal	agencies contac	eted Check if None
House, Senate			
ì			
18. Name of each inc	dividual who acted	d as a lobbyist i	n this issue area Add a page to continue additing tobbyests for
18. Name of each inc	dividual who acted Name Last Name	d as a lobbyist i	n this issue area Add a page to continue additing tobevists to Covered Official Position (if applicable)
First Name	Name	·	, -
First Name	Name Last Name	·	Covered Official Position (if applicable)
First Name	Name Last Name	·	Covered Official Position (if applicable) Staff Director, Ways and Means Health
First Name	Name Last Name	·	Covered Official Position (if applicable) Staff Director, Ways and Means Health
First Name	Name Last Name	·	Covered Official Position (if applicable) Staff Director, Ways and Means Health
First Name	Name Last Name	·	Covered Official Position (if applicable) Staff Director, Ways and Means Health
First Name	Name Last Name	·	Covered Official Position (if applicable) Staff Director, Ways and Means Health

LD-2DS (REV. 4/03)

Page $_$

Registrant Name The McManus Group			Client Na	Client Name Pfizer, Inc.			
Information Up	date Page -	· Complete ONLY	where regist	ration inform	nation has change	ed.	
20. Client new address	SS			.			
Address					_		
City			State	Zip Code	Coun	itry	
21. Client new princi	ipal place of bus	iness (if different that	n line 20)				
City			State	Zip Code	Coun	itry	
22. New general desc	cription of client	t's business or activiti	es				
LOBBYIST UPI	DATE						
23. Name of each p	reviously repo	rted individual who	is no longer ex	pected to act as	a lobbyist for the C	elien	
First Name	Last Nam	se Suffix	[3]	test Manne	Eust (vality		
2			4				
ISSUE UPDATE				nd the code to s	oloot holow		
24. General lobbying		o longer pertain	FII	id the code to s	elect below.		
•	C						
AFFILIATED O	RGANIZAT	IONS					
25. Add the followi	ng affiliated or	ganization(s)					
Nai	ne	Address			Principal place of Busi (city and state or cou		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Address			City	,	
		C/S/Z				ountry	
		Address			City		
		C/S/Z		• 	State		
26. Name of each p	reviously repo	orted organization th	at is no longer	affiliated with t	he registrant or clie	ent	
1 2			3				
PODDIONENT	irire						
FOREIGN ENT 27. Add the following the state of the following the state of the state		ities			<u>.</u>		
Name		Address	Principal p	ace of business	Amount of contribution		
	Street Addres City	ss State/Province Cor	(city and st	ate or country)	for lobbying activities		
			City				
•				G			
			State	Country		\perp	
		d foreign entity that n	o longer owns, <u>o</u>	<u>r</u> controls, <u>or</u> is:	affiliated with the reg	ustra	
affiliated organiza	ation	য়		5			
<u> </u>		(A)		6			
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Add a page for mo-