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LOBBYING REPORT

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

1. Registrant Name Christopher Reeve Paralysis Foundation			
2. Address <input type="checkbox"/> Check if different than previously reported 500 Morris Avenue			
3. Principal Place of Business (if different from line 2) City: Springfield State/Zip (or Country) NJ 07081			
4. Contact Name Michael Manganiello, Sr.	Telephone 973-379-2690	E-mail (optional)	5. Senate ID # 61618-12
7. Client Name <input checked="" type="checkbox"/> Self Self			6. House ID # 35407000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

Christopher Reeve Paralysis Foundation Registrant Name Self Client Name

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

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

16. Specific lobbying issues

Labor/HHS Appropriations

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House
U.S. Senate

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

Table with 2 columns: Name, Covered Official Position (if applicable). Rows include Michael Manganiello, Sr. and Tricia Brooks.

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature [Handwritten Signature] Date 11/27/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President



Christopher Reeve Paralysis Foundation Registrant Name Self Client Name

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 and providing information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Stem cell research

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

U.S. House
U.S. Senate

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

Table with 2 columns: Name, Covered Official Position (if applicable). Rows include Michael Manganiello, Sr. and Tricia Brooks.

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

Signature [Handwritten Signature] Date 1/27/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

Christopher Reeve Paralysis Foundation Registrant Name Self Client Name

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

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

16. Specific lobbying issues

Advanced research funding

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

U.S. House
U.S. Senate

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

Table with 2 columns: Name, Covered Official Position (if applicable). Rows include Michael Manganiello, Sr. and Tricia Brooks.

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

Signature [Handwritten Signature] Date 1/27/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

