

SECRETARY

05 MAR 18

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
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LOBBYING REPORT

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

1. Registrant name			
Organization		Crowell & Moring International, Ltd.	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 1001 Pennsylvania Avenue, NW			
City	State	Zip Code	Country US
3. Principal place of business (if different than line 2)			
City	State DC	Zip Code 2004	Country US
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mrs.	Kate Clemans	202-624-2895	
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Pharmaceutical Research & Manufacturers of America			11388-14
			6. House ID #
			3188101

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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"/> ⇒ \$ _____</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">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

Printed Name and Title Kate Clemans, Director

Client Name **Pharmaceutical Research & Manufa**

15. General issue area code TRD - Trade (Domestic & Foreign) (one per page)

Add page to continue specific issues description for this issue ➤

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 *Add a page to continue adding lobbyists for this issue area*

[illegible]

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

Full Bear

Add a page for a differ

Registrant Name Crowell & Moring International, Ltd.Client Name Pharmaceutical Research & Manufa**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

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

LOBBYIST UPDATE23. 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

St

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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	Own per clien
	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, affiliated organization

1

3

5

2

4

6

Add a page for more

Printed Name and Title Kate Clemans, Director

