

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
---	--

RECEIVED
 SECRETARY OF THE SENATE
 PUBLIC RECORDS
 02 MAR 29 AM 9:4

LOBBYING REPORT

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

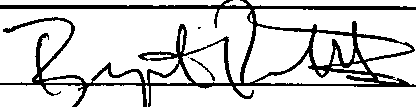
1. Registrant Name SCHNADER HARRISON SEGAL & LEWIS, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1300 I STREET, NW, 11TH FLOOR EAST			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20005-3314			
4. Contact Name BRYANT ROBINSON	Telephone (202) 216-4200	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self CHRISTOPHER REEVE PARALYSIS FOUNDATION			6. House ID # 30448

TYPE OF REPORT 8. Year _____ 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 _____ 11. No Lobbying

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 checked="" 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 align="center">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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature 

Printed Name and Title BRYANT ROBINSON, III, ATTORNEY



Registrant Name NADER HARRISON SEGAL & LEWIS, Client Name CHRISTOPHER REEVE PARALYSIS FOUNDAT

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

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

16. Specific lobbying issues


Health and Human Services Agency fiscal appropriations pertaining to CDC neurological research grants.

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)
Bryant Robinson, III	
Lisa A. Rich	

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

Signature  Date _____
Printed Name and Title Bryant Robinson, III, Attorney



Registrant Name NADER HARRISON SEGAL & LEWIS, Client Name CHRISTOPHER REEVE PARALYSIS FOUNDAT

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

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

16. Specific lobbying issues

Health and Human Services Agency fiscal appropriations pertaining to CDC neurological research grants.

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

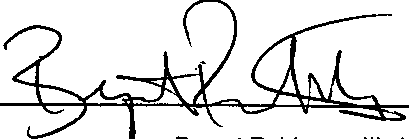
Check if None

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

Name	Covered Official Position (if applicable)
Bryant Robinson, III	
Lisa A. Rich	

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

Check if None

Signature  Date _____
Printed Name and Title Bryant Robinson, III, Attorney



Registrant Name NADER HARRISON SEGAL & LEWIS Client Name CHRISTOPHER REEVE PARALYSIS FOUNDAT

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

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

16. Specific lobbying issues

No Activity

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

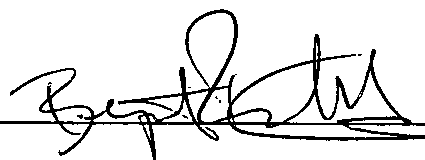
Check if None

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

Name	Covered Official Position (if applicable)
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

Check if None

Signature  Date _____
Printed Name and Title _____



Registrant Name NADER HARRISON SEGAL & LEWIS, Client Name CHRISTOPHER REEVE PARALYSIS FOUNDAT

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

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

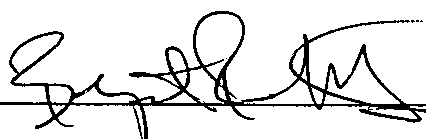
16. Specific lobbying issues

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)
.....
.....
.....
.....
.....
.....
.....
.....

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

Signature  Date _____
Printed Name and Title _____



Registrant Name NADER HARRISON SEGAL & LEWIS, Client Name CHRISTOPHER REEVE PARALYSIS FOUNDATI

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

20. Client new address

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

City

State/Zip (or Country)

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

Laura Gonzalez

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

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

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

Signature

Date

Printed Name and Title

Bryant Robinson, III, Attorney

