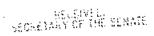
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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LOBBYING REPORT

HAND DELIVERED TO

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

1. Registrant Name Brownstein Hyatt & Farber, P.C.	-	
2. Registrant Address	CO 80202-4437 USA	
Principal Place of Business (if different from line 2) City State/Zip (or Country)		
4. Contact Name E-ma Michael A. Palil	il (optinnet)	5. Senate ID # 7257-113
7. Client Name [7] Self Pfizer, Inc.		6. House ID # 31842005
Check if this filing amends a previously filed version of this O. Check if this is a Termination Report NCOME OR EXPENSES - Complete Either	n Date	11. No Lobbying Activity
12. Lobbying Firms	13. Organizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying active period were:	ities for this reporting
Less than \$10,000 🔲	Less than \$10,000 🔲	;
\$10,000 or more 🖹 >> \$ \$20,000.00 Income (newest \$20,000)		xpenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.	
	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the internal Revenue Code	
	Method C. Reporting amounts under section 162(e) of the internal Revenue Code	
ingriature	Date 8/9/99	
rinted Name and Title Michael A. Pahl - Controller		Page 1 of 2

	y to reflect the general issue areas in which the registrant	
he client during the reporti	ng period. Using a separate page for each code, provide	
Conc per page)		
rings related to health ca	re and tax proposals	
	•	
	•	
	•	
deral agencies contacted	Check if None	
)n	· ·	
	•	
		:
	Covered Official Position (if applicable)	New
		No
		- No
		No
		No
	'	
		No
		No No
	he client during the reporti dditional page(s) as needed CR (one per page) trings related to health ca deral agencies contacted	the client during the reporting period. Using a separate page for each code, provide dditional page(s) as needed. CR (one per page) irings related to health care and tax proposals deral agencies contacted Check if None acted as a lobbyist in this issue area