

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
---	--

SECRETARY  
05 FEB 25

## LOBBYING REPORT

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

1. Registrant name					
Prefix	Mr.	First	Patrick	Last	Greissing
2. Address <input checked="" type="checkbox"/> Check if different than previously reported					
Address1	1200 Hunters Grove Ct.				
City	McLean	State	VA	Zip Code	22102
3. Principal place of business (if different than line 2)					
City		State		Zip Code	
4a. Contact Name		b. Telephone number		c. E-mail	
Prefix	Full Name				
Mr.	Patrick Greissing	703-356-5350		pgreissing@redlineassoc.com	
7. Client Name <input type="checkbox"/> Self				5. Senate ID #	
Sanofi-Synthelabo				290890-5	
				6. House ID #	
				3718100	

**TYPE OF REPORT** 8. Year  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 Activity

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _ _ _ _	\$10,000 or more <input type="checkbox"/> ⇒ \$ _ _ _ _
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.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code

Form Co

Printed Name and Title Patrick Greissing, Director



Registrant Name Patrick Greissing 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 code** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Medicare Act

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

House, Senate, HHS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for tl*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Edward	Greissing	Jr.	
Christopher	Greissing		
Patrick	Greissing		

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

*Add a page for a differ*

Printed Name and Title Patrick Greissing, Director



Registrant Name Patrick Greissing Client Name \_\_\_\_\_

**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 UPDATE**

23. 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 Suffix

**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 C/S/Z	City State Country
	Address C/S/Z	City State

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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc client
	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, or affiliated organization

Add a page for more u

Printed Name and Title Patrick Greissing, Director

