

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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SECRETARY OF THE SENATE
04 AUG -5 AM 8:43

LOBBYING REPORT

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

1. Registrant Name Crowell & Moring International, Ltd			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20004			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
Kate Clemans	202-624-2691		11388-146
7. Client Name <input type="checkbox"/> Self			6. House ID #
PHarmeceutical Research & Manufacturers of America (PhRMA)			31881013


TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 3)

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>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"/> <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 period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptor</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature 
Printed Name and Title Kate Clemans, Director

Registrant Name Crowell & Moring International, Ltd

Client Name Pharmaceutical Research & Manufactur (PhRMA)

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

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

16. Specific lobbying issues

APEC issues

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

Check if None

The United States Trade Representative

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

Name	Covered Official Position (if applicable)
Kate Clemans	
Doral Cooper	

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

Check if None

Signature 

Date 08/03/04

Printed Name and Title Kate Clemans, Director

Registrant Name Crowell & Moring International, Ltd

Client Name Pharmaceutical Research & Manuf
America (PhRMA)

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

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 B (city and state or cc

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	Ownership in %

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 Kate Clemans, Director

