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LOBBYING REPORT

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

Registrant Name Ropes & Gray			
2. Address			
3. Principal Place of Business (if different fro City: Washington		ip (or Country) DC 20005	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
Thomas M. Susman	(202) 626-3920	tsusman@ropesgray.com	33682
7. Client Name Self			6. House ID#
Pfizer, Inc.			3072
O. Check if this filing amends a previous of the check if this is a Termination Res	eport 🗖 🗢 Termination	Date1	1. No Lobbying
·-	ES - Complete Either	Date1	
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0. Check if this is a Termination Relation Relat	ES - Complete Either	Line 12 OR Line 13 13. Organiza EXPENSES relating to lobbying active	tions
0. Check if this is a Termination Relation Relation Relation ON EXPENSION 12. Lobbying 1. Lobbying 1. Lobbying active period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$	ES - Complete Either Firms vities for this reporting \$20,000.00	Line 12 OR Line 13 13. Organiza EXPENSES relating to lobbying activ period were: Less than \$10,000 \$10,000 or more \$\square\$ \$\square\$	tions
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Signature
Printed Name and Title
LD-2 (REV. 6/98)

Regis	trant Name	Ropes & Gray	Client Name	Pfizer, Inc.
enga	ged in lobbying	VITY. Select as many c on behalf of the client dested. Attach additional p	uring the reporting perio	ect the general issue areas in which the id. Using a separate page for each code
15. (General issue ar	ea code MMM (d	one per page)	
16.	Specific lobbying	ng issues		
	Medicare reimbur H.R. 1288; S. 103	sement for oral anti-cancer	therapies.	
17.	House(s) of Co	ngress and Federal agenc	ies contacted	☐ Check if None
18.	Name of each i	ndividual who acted as a	lobbyist in this issue are	ea
		Name		Covered Official Position (if applicable)
Sa	m Turner, Partne	r 	****	
Elizabeth Goss, Partner				
			•••	

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Printed Name and Title_	Thomas M. Susman, Partner	
Form LD-2 (Rev.6/98)		Page _