

Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center 8-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

01 FEB 14 PM 2:03

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 🖳	1. Effective Date of Registration August 1, 2000						
2. House Identification Number	Senate Identification Number						
REGISTRANT 3. Registrant pame Bennett, Turner & Colem	an, LLP						
Address 1900 K Street NW, Suite 750							
City Washington	State DC Zip 20006						
Principal place of business (if different from line 3) City	State/Zip (or Country)						
5. Telephone number and contact name (202) 833-4500 Contact	Albert Cacozza E-mail (optional)						
 General description of registrant's business or activities. A law firm engaged in the general practice. 							
CLIENT A Lobbying from its required to file a separate regist labeled "Solf" and proceed to line 10. 7. Client warms Pfizor, Inc.	racion for each client. Organizations employing in house to hispites should check the box . If						
Address 325 7th St. NW, Suite 1200							
City Washington	State DC Zip 20004						
Principal place of business (if different from line 7) City New York	State/Zip (or Country) NY 10017						
General description of client's business or activities Pharmaceuticals							
this section has served as a "covered executive brai	I to act as a lobbyist for the client identified on line 7. If any person listed in nch official" or "covered legislative branch official" within two years of first and/or legislative position(s) in which the person served.						
Name	Covered Official Position (if applicable)						
Sam Turner, Partner							
Terry Coleman, Partner							
Elizabeth Goss, Partner							
MALESTIAN SALASTIAN AND AND AND AND AND AND AND AND AND A							
Form LEr-I (Rev. ()6/08}	Page I						

್ಲೀ Registrant Nam	•	ımer & Coleman, LLI		Pfizer, Inc. Client Name				
	NG ISSUE	···-	ble codes l	listed in instructions and o	n the revers	se side of Form L.D	-1, page 1.	
BARANA ANT	obbying issues	(current and anticipate	d)					
Medica	are reimburs	sement for oral ar	ti-cance	er drugs.				
13. Is there as	entity other			s more than \$10,000 to t ans, supervises or contro				
No ⇒ Go to line 14. ☐ Yes 1 Complete the rest of this section for each en the criteria above, then proceed to line 14.							y matching	
	Name		Address		Principal Place of Business (city and state or country)			
14. Is there aa)b)c)	directly or in activities of	tity that: 20% equitable own directly, in whole or the client or any orgo of the client or any	in major p mization i	be elient or any organiza part, plans, supervises, c identified on line 13; Or ion identified on line 13	ontrols, d	irects, finances o	r subsidizes	
Ø No≎	Sign and da	te the registration.		UYes I Complete matching tregistratio	he criteria	this section for e above, then sign		
Na	me	Address		Principal place of business (city and state or coun		Amount of contribution for bying activities	Ownership percentage in client	
				mark market				
Signature	Ieu	zlolena			Date_Fe	bruary 13, 200	1	
Printed Nan		Terry S. Colem	an, Parti	ner	····		Page 2	