

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  
 03 JUN 11 AM 11:03

# LOBBYING REPORT

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

1. Registrant Name Christopher Reeve Paralysis Foundation			
2. Address <input type="checkbox"/> Check if different than previously reported 500 Morris Avenue			
3. Principal Place of Business (if different from line 2) City: Springfield State/Zip (or Country) NJ 07081			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael Manganiello, Sr.	973-379-2690		61618-12
7. Client Name	<input checked="" type="checkbox"/> Self		6. House ID #
Self			35407000

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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

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

**12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇔ \$ \_\_\_\_\_  
Income (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).

**13. Organizations**

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more  ⇔ \$ 20,000  
Expenses (nearest \$20,000)

**14. REPORTING METHOD.** Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 602 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature 

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

LD-2 (REV. 6/98)

1



Signature [Handwritten Signature] Date 11/2/00

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

Form LD-2 (Rev.6/98)

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Christopher Reeve Paralysis  
Registrant Name Foundation Client Name Self

**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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Stem cell research

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

Check if None

U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Michael Manganiello, Sr.	
Tricia Brooks	

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

Check if None

*[Handwritten Signature]*

12/27/07

Signature

Date

11/1/00

Printed Name and Title

Michael Manganiello, Sr., Senior Vice President

Form LD-2 (Rev.6/98)

Page

Christopher Reeve Paralysis Foundation Registrant Name Self Client Name

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

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

16. Specific lobbying issues

Advanced research funding

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

Check if None

U.S. House
U.S. Senate

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

Table with 2 columns: Name, Covered Official Position (if applicable). Rows include Michael Manganiello, Sr. and Tricia Brooks.

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

Check if None

Handwritten signature

Handwritten date 11-2-17

Signature [Handwritten Signature] Date 1/2/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

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Registrant Name Christopher Reeve Paralysis Foundation Client Name Self

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**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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Neurological research issues

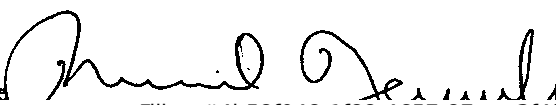
17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Michael Manganiello, Sr.	
Tricia Brooks	

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

Signature 

11/27/03

Date 11/1/10  
Printed Name and Title Michael Manganiello, Sr., Senior Vice President

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