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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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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 Ave.			
3. Principal Place of Business (if different from line 2) City: Springfield State/Zip (or Country) NJ 07081			
4. Contact Name Michael Manganiello, Sr.	Telephone 973-379-2690	E-mail (optional)	5. Senate ID # 61618-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35407000

TYPE OF REPORT 8. Year 2001 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">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"/> ⇒ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) o Internal Revenue Code</p>

Signature *Michael Manganiello*

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

LD-2 (REV. 6/98)

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NO. 6348 P.

Registrant Name Christopher Reeve Paralysis Foundation Client Name Self

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

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

16. Specific lobbying issues
Labor/HHS Appropriations

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.	

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

Signature *Amil Agard* Date _____

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

Form LD-2 (Rev. 6/98)

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NO. 6348 P

Registrant Name Christopher Reeve Paralysis Foundation Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regi engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p 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.	

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

Signature *Michael Manganiello*

Date

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

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NO. 6348

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Christopher Reeve
Registrant Name Paralysis Foundation Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide 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

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

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

Signature  Date _____

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ARENT FOX, WASH. DC

NO. 6348

P

Christopher Reeve
Registrant Name Paralysis Foundation Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide 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.	

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

Signature  Date _____

Name Michael Manganiello, Sr. Senior Vice President

