Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building

Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amen	ded Registration	1. Effective Date of Registration	6/1/2004	
2.	House Identification	Number	Senate Identification Number		
RI	EGISTRANT		·		
3.	Registrant Name	PodestaMattoon			
	Address	1001 G Street, NW	Suite 900 East		
	City	Washington	State DC Zip 20001		
4.	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)		
5.	Telephone number a 202-879-9366	and contact name Contact  Jeff Cordeau	E-Mail (optional) jcordeau@podestamattoon.com		
6.	<del>-</del>	of registrant's business or activities ernment Relations and Public Affai	rs Firm		
Cl		bying firm is required to file a separate re	gistration for each client. Organizations employing it	1-house lobbyists should c	
7.	Client Name	Pfizer, Inc.			
	Address	235 East 2nd Street			
	City	New York	State NY Zip 10017		
8.	Principal place of b	usiness (if different from line 7)	State/Zip (or Country)		
9.					
	in this section has s	erved as a "covered executive branch	act as a lobbyist for the client identified on line official" or "covered legislative branch official e and/or legislative position(s) in which the per  Covered Official Position	" within two years of son served.	

Form LD-1 (Rev. 06/98)

## 00000762760

Client N	Vame: Pfizer, Inc.	Pfizer, Inc.				
Item	Description	Data				
9	General description of client's	Pfizer Inc discovers, develops, manufactures, and markets leading prescript medicines for humans and animals and many of the world's best-known conbrands				

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Registrant Name:	PodestaMatt	PodestaMattoon						
Client Name: Pfizer, Inc.			<del></del>					
LOBBYING 11. General lobb HCR, TOR	ying issue areas	. Select all applicabl	le codes listed in	instructions and on	the reverse sid	e of Form LD-1, page 1.		
-	ying issues (cu ress asbestos li	rrent and anticipated ability issues	)					
semiannual p	ntity other than to beriod and in wh	IZATIONS the client that contril nole or major part pla	ans, supervises,	or controls the regis	trant's lobbying	activities?		
🔀 No. Go t	o line 14.		☐ Yes.	Complete the rest		for each entity matching the 14.		
	Name		A	ddress		Principal Place of Busin (city and state or count		
FOREIGN E		at:						
b) dire of th c) is an	ctly or indirectl he client or any	organization identif	jor part, plans, s ied on line 13; o	upervises, controls, r	directs, finance	13; or subsidizes activities in the outcome of the		
🔀 No. Sign	n and date the re	gistration.	☐ Yes.	Complete the res		for each entity matching t the registration.		
Name		Addre	ess	Principal Place (city and state		Amount of contribution for lobbying activities		
		3			.,,,,,			
Signature	unu K	imherley Fritts - M 615c4f31-d1c6-4dd	anaging Partne	r 15f80e0 - Page 5 o	Date	8/19/2004		

rinted Name and Title	TERRITORIES TIPM Throughous a me auton	

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