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LOBBYING REPORT

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

1. Registrant Name Ryan, Phillips, Utrecht, & MacKinnon			
2. Address <input type="checkbox"/> Check if different than previously reported 1133 Connecticut Avenue, NW, Suite 300			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Rodney Hoppe	Telephone 202-293-1177	E-mail (optional)	5. Senate ID
7. Client Name <input type="checkbox"/> Self Pfizer Inc.			6. House ID 30680

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

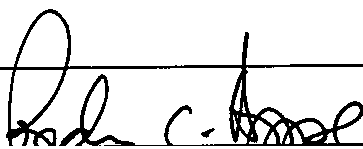
12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
 Less than \$10,000
 \$10,000 or more \$ 60,000
Income (nearest \$20,000)

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 \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description
 Method A. Reporting amounts using LDA definition
 Method B. Reporting amounts under section 6 Internal Revenue Code
 Method C. Reporting amounts under section 1 Internal Revenue Code

Signature



Printed Name and Title Rodney Hoppe, Partner

LD-2 (REV. 6/98)

Registrant Name Ryan, Phillips, Utrecht & MacKinnon

Client Name Pfizer Inc.

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

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

16. Specific lobbying issues

S. 186, H. R. 1862, A bill to provide access to generic drugs instead of non-generic drugs under Federal plans, all provisions.

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)
Matt Berzok	
Rodney Hoppe	
Jeffrey M. MacKinnon	
William D. Phillips	
Mark Planning	
Thomas M. Ryan	
Joseph V. Vasapoli	

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

Check if None

Signature _____ Date _____

Registrant Name Ryan, Phillips, Utrecht & MacKinnon

Client Name Pfizer Inc.

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

15. General issue area code PHA (One per page)

16. Specific lobbying issues

- S. 463, H.R. 933, A bill to provide increased access to HIV/AIDS treatments to developing countries, a
- S. 812, Greater Access to Affordable Pharmaceuticals Act, all provisions.
- Legislation on issues pertaining to proposed Medical Prescription Drug Benefits.
- Legislation on issues regarding FDA regulation of prescription drugs.
- H.R. 698, Legislation dealing with the re-importation of prescription drugs, all provisions

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)
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Rodney Hoppe	
Jeffrey M. MacKinnon	
William D. Phillips	
Mark Planning	
Thomas M. Ryan	
Joseph V. Vasapoli	

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

Check if None

Signature _____

Date _____

