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LOBBYING REPORT

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

1. Registrant Name <u>KESSLER + ASSOC Business Services</u>			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>SHANE YOUNG</u>		Telephone <u>202-547-6808</u>	E-mail (optional) _____
5. Senate ID # <u>21506</u>			6. House ID # _____
7. Client Name <input type="checkbox"/> Self <u>Pfizer</u>			

TYPE OF REPORT 8. Year 2005 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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Shane Young

Printed Name and Title

SHANE YOUNG

LEGISLATIVE DIRECTOR

1000023566

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FILING NAME AND TITLE STATE OF TEXAS /

LD-2 (REV. 6/98)

BUS. SERVICES

Registrant Name LESSLER + ASSOC Client Name Pfizer

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

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

16. Specific lobbying issues

pharmacy
medicare reform

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

Check if None

HOUSE OF REPRESENTATIVES
US SENATE.

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

Name	Covered Official Position (if applicable)
HON. BILLY LEE EUSTUS	
RICHARD LESSLER	
FRANK POLK	
SCOTT SPEAR	

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

Check if None

Signature Shane Young Date 1/19/2006

Printed Name and Title SHANE YOUNG

1000023567

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature _____ Date _____

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Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page