

SECRETARY OF THE  
06 FEB -7 PM 1:

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 REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

*New client for existing registrant*

1. Effective Date of Registration 09/05/05

2. House Identification Number 37679

Senate Identification Number 29061

## REGISTRANT

3. Registrant name Prefix Ms. First Joanne Snow  Last Neumann

Address 1031 Northwoods Trail

City McLean State VA Zip 22102 USA

4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name

202 236-3040 Prefix \_\_\_\_\_ Full Name \_\_\_\_\_  
Contact Ms. Joanne Snow Neumann E-mail joanne\_neumann@yahoo.com

6. General description of registrant's business or activities

self employed consultant

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  *Self*

7. Client name Pfizer Inc.

Address 325 7th Street, NW Suite 1200

City Washington State DC Zip 20004 Country USA

8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

9. General description of client's business or activities

Pharmaceutical company

## LOBBYISTS

*Go to page 3 to add more lobb*

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

First	Name		Covered Official Position (if applicable)
	Last	Suffix	
Joanne Snow	Neumann		

1000040537



Registrant Name Joanne Snow Neumann Client Name Pfizer Inc.

**LOBBYING ISSUES** Find the code to select below. *Go to page 3 to add more lobbying is.*

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1

HCR MMM \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Medicaid rebates, AHIC

**AFFILIATED ORGANIZATIONS** *Go to page 3 to add more organizat*

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.  Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

**FOREIGN ENTITIES** *Go to page 3 to add more foreign en*

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OF**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activit: the client or any organization identified on line 13; **OF**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration.  Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percent in cli
	Street Address	State/Province	Country			

*Joanne Snow Neumann*

Form Compl

1/26

Printed Name and Title Joanne Snow Neumann

0000040538

