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## **LOBBYING REPORT**

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

1. Registrant name		
Organization Mickey Ibarra & Associates		
2. Address Check if different than previously reported		,
Address 1 1140 Connecticut Ave N.W.	Suite 1100	
City Washington State	DC Zip Code 20036-400	O1 Country U
3. Principal place of business (if different than line 2)		
City State	Zip Code	Country
City State  4a. Contact Name b. Telephone number  Prefix Full Name	e/Zip or Country c. E-mail	5. Senate ID#
Mr. Mickey Ibarra 202-969-8777		72177-1
7. Client Name Self		6. House ID#
7. Client Name Self		358690
Pfizer, Inc.  TYPE OF REPORT 8. Year 2004 Midyear (January). Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report  Termination December 11.	ate	ar End (July 1-Decemb
Pfizer, Inc.  TYPE OF REPORT 8. Year 2004 Midyear (January). Check if this filing amends a previously filed version of this report	12 OR Line 13	ar End (July 1-Decemb
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Printed Name and Title Mickey Ibarra, President

Registrant Name Mickey Ibar	arra & Associates Client Name Pfizer, Inc.						
Information Update	Page - Complete C	NLY where regis	tration inforn	nation has change	ed.		
20. Client new address							
Address							
City	***************************************	State	Zip Code	Coun	try		
21. Client new principal pla-	ce of business (if differen	nt than line 20)					
City		State	Zip Code	Coun	try		
22. New general description	of client's business or a	ctivities					
LOBBYIST UPDATE 23. Name of each previou		l who is <b>no longer</b> e	expected to act a	s a lobbyist for the c	lient s		
First Name	Last Name	Suffix 3	rnst Name	Table Maries	0,		
		=					
2		4					
ISSUE UPDATE			ind the ends to	relect below			
24. General lobbying issu	es that <b>no longer</b> perta		ind the code to s	select below.			
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AFFILIATED ORGA	NIZATIONS						
25. Add the following affi	liated organization(s)						
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	Address			City State Co	ountry		
	C/S/Z Address			City	- <del></del>		
	C/S/Z		ı	State			
26. Name of each previous	usly reported organiza	tion that is no longe	r affiliated with	the registrant or clie	ent		
		tion that is no longe	3	••••			
	2						
FOREIGN ENTITIES 27. Add the following for							
Name	Address Street Address		place of business	Amount of contribution			
	· <del>-</del>	ince Country (city and	l state or country)	for lobbying activities	cli		
		City		l l			
		State	Country		,		
				COLUMN TO A STATE OF THE STATE			
28. Name of each previous	ly reported foreign entity	y that no longer owns.	, <u>or</u> controls, <u>or</u> is	attiliated with the rej	gistrant		
affiliated organization	ធា		[3	5]			
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[2]	[4]		<u> </u>	บ			

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