

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

SECRETARY OF THE SENATE

Amendment

LOBBYING REPORT

04 SEP 15 AM 11:20

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

1. Registrant Name Crowell & Moring International, Ltd.			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington, State/Zip (or Country) DC 20004			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#
Kate Clemans	624-2895		11388-146
7. Client Name <input type="checkbox"/> Self			6. House ID #
Pharmaceutical Research & Manufacturers of America			31881013

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 3)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA disclosure</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170 of the Internal Revenue Code</p>
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Signature *Kate Clemans*
Printed Name and Title Kate Clemans, Director

Registrant Name Crowell & Moring International, Ltd Client Name PHarmaceutical Research & Manufactu

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrar lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, provide information Attach additional page(s) as needed.

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

16. Specific lobbying issues
APEC issues

17. House(s) of Congress and Federal agencies contacted Check if None

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

Name	Covered Official Position (if applicable)
Kate Clemans	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title Kate Clemans, Director

Registrant Name Crowell & Moring International, Ltd Client Name PHRMA

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 B (city and state or cc

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	Ownershi in

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

Signature _____ Date _____

Printed Name and Title Kate Clemans, Director

