

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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SECRETARY OF

05 FEB 25

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

1. Registrant name			
Prefix	Mr.	First	Christopher
		Last	Greissing
2. Address <input checked="" type="checkbox"/> Check if different than previously reported			
Address 1	1200 Hunters Grove Ct.		
City	McLean	State	VA
		Zip Code	22102
			Country US
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		State/Zip or Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Christopher Greissing	703-356-5350	cgreissing@redlineassoc.com
7. Client Name <input type="checkbox"/> Self		5. Senate ID #	
Sanofi-Synthelabo		290890-5	
		6. House ID #	
		3718100	

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

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 align="center">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"/> ⇒ \$ _ _ _ _ _</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _ _ _ _ _</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

Printed Name and Title Christopher Greissing, Counsel

Registrant Name Christopher Greissing Client Name _____

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 HCR - Health Issues (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Medicare Act

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

House, Senate, HHS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for tl*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Edward	Greissing	Jr.	
Christopher	Greissing		
Patrick	Greissing		

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

Add a page for a differ

Printed Name and Title Christopher Greissing, Counsel

Registrant Name Christopher Greissing Client Name _____

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

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code 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

First Name Last Name Suffix First Name Last Name Suffix

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr. perso. client
	City	State/Province Country	City		
			State Country		

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

1

3

5

2

4

6

Add a page for more u

Printed Name and Title Christopher Greissing, Counsel

