

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

07 FEB 2  
**LOBBYING REPC**

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

1. Registrant Name  Organization  Individual  
MERCURY PUBLIC AFFAIRS d/b/a FHGR

2. Address  Check if different than previously reported  
Address1 1775 EYE STREET, NW Address2 SUITE 700  
City WASHINGTON State DC Zip Code 20006 - Cour

3. Principal place of business (if different than line 2)  
City State Zip Code - Cour

4a. Contact Name Mr. Michael McSherry  
b. Telephone Number (202) 551-1452  
c. E-mail mmcsherry@fhgr.com  
5. Sent 2854

7. Client Name  Self  
FOOD ALLERGY PROJECT  
6. Hou 3693

**TYPE OF REPORT** 8. Year 2006 Midyear (January1-June30)  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 Activ

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: <u>Less than \$10,000</u> <input type="checkbox"/> <u>\$10,000 or more</u> <input checked="" type="checkbox"/> \$ <u>120,000.00</u>	<b>EXPENSE</b> relating to lobbying activities for this r were: <u>Less than \$10,000</u> <input checked="" type="checkbox"/> <u>\$10,000 or more</u> <input checked="" type="checkbox"/> \$ _____
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).	<b>14. REPORTING</b> Check box to indicate accounting method. See instructions for descriptive <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input checked="" type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(e) Internal Revenue Code <input checked="" type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Revenue Code

Signature Michael McSherry Date 2/1

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**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, provide information as requested. Attach additional page(s) as needed.

15. General issue area code   (one per page)

16. Specific lobbying issues

Increased federal funding to find a cure for childhood food allergies

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

National Institutes for Health

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Michael	McSherry		
John	Hishta		
Liliana	Esposito		

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

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

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co \_\_\_\_\_

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

LOBBYIST UPDATE

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

	First Name	Last Name	Suffix		First Name	Last Name
1	John	Hishta		3		
2				4		

ISSUE UPDATE

24. General lobbying issue that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address				Principal Place of Business (city and state or country)
	Street Address City	State/Province	Zip	Country	
					City State Country

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	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street Address 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, client or affiliated or

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_ 6 \_\_\_\_\_

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