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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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SECRETARY OF THE S.

# LOBBYING REPORT

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

|  |                       |                     |                             |
|--|-----------------------|---------------------|-----------------------------|
| 1. Registrant name   |                       |                     |                             |
| Organization   | Red Line Associates   |                     |                             |
| 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 USA                 |
| 3. Principal place of business (if different than line 2)                                  |                       |                     |                             |
| City   |                       | State               |                             |
|  |                       | Zip Code            |                             |
|  |                       | Country             |                             |
| 4a. Contact Name   |                       | b. Telephone number | c. E-mail                   |
| Prefix   | Full Name             |                     |                             |
| Mr.  | Edward F. Greissing,  | 703-356-5350        | egreissing@redlineassoc.com |
| 7. Client Name <input type="checkbox"/> Self   |                       |                     | 5. Senate ID #              |
| Sanofi-Aventis   |                       |                     | 290890-51                   |
|  |                       |                     | 6. House ID #               |
|  |                       |                     | 37181003                    |

**TYPE OF REPORT** 8. Year 2005 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 Activity

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13   |  |
|---|--|
| <p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>30,000.00</u></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"><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Revenue Code</p> |

Form Co

Printed Name and Title Edward F. Greissing, Jr. President

0000451741



Registrant Name Red Line Associates Client Name SanoFi - Aventis

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the r 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 Bill, Reimbursement Issues, Tax, Trade Policy

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 thi

| First Name  | Name<br>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 differe

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Registrant Name Redline Associates Client Name Sanofi - Aventis

**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<br>C/S/Z<br>Address<br>C/S/Z | City<br>State<br>Country<br>City<br>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 | Owned per cent client |
|------|----------------|------------------------|---|--|-----------------------|
|      | City           | State/Province Country | City<br>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 up

Printed Name and Title Edward F. Greissing, Jr. President

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