

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

04 AUG 1

LOBBYING REPORT

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

1. Registrant Name

Crowell & Moring International, Ltd.

2. Address 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 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 31) 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****12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 \$10,000 or more \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than \$10,000 \$10,000 or more \$ _____
Expenses (nearest \$20,000)14. **REPORTING METHOD.** Check box to indicate accounting method. See instructions for descriptor. **Method A.** Reporting amounts using LDA de **Method B.** Reporting amounts under section the Internal Revenue Code **Method C.** Reporting amounts under section Internal Revenue Code

Signature

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 registran 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 | |
| | |
| | |
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| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *Kate Cleman*

Date 08/10/04

Printed Name and Title Kate Cleman, 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 | Ownersh in |
|------|---------|--|---|---------------|
| | | | | |

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

Signature *Kate Clemans* Date 08/10/04

Printed Name and Title Kate Clemans, Director

