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LOBBYING REPORT

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

1. Registrant Name Mayer Brown Rowe & Maw			
2. Address <input type="checkbox"/> Check if different than previously reported 1909 K Street, NW, Washington, DC 20006-1101			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name John P. Schmitz	Telephone (202) 263-3000	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Pfizer, Inc.			8. House ID #

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

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 I

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> <u>\$20,000</u> <small>Income (nearest \$20,000)</small></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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ _____ <small>Expenses (nearest</small></p> <p>14. REPORTING METHOD. Check box to accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under secti Internal Revenue Code</p>
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Signature *J.P. Schmitz*

Printed Name and Title John P. Schmitz, Partner

20588236.1 021403 1425E 42006584

LD-2 (REV. 6/98)

Registrant Name Mayer Brown Rowe & Maw Client Name Pfizer

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 GOV (one per page)

16. Specific lobbying issues

Pharmaceutical issues

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

Food & Drug Administration
Health & Human Services

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

Name	Covered Office Position (if applicable)
John P. Schmitz	

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

Signature *J.P. Schmitz* Date _____
Printed Name and Title John P. Schmitz, Partner

Registrant Name Mayer Brown Rowe & Maw Client Name Pfizer

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 (city and state or country)


26. Name of each previously reported organization that is **no longer** affiliated with 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

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

Signature  Date _____

Printed Name and Title [✓] John P. Schmitz, Partner

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Form LD-2 (Rev. 6/98)

P: