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## LOBBYING REPORT

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

1. Registrant Name			
Joanne Snow Neumann			
2. Address <input type="checkbox"/> Check if different than previously reported			
1031 Northwoods Trail			
3. Principal Place of Business (if different from line 2)			
City: McLean		State/Zip (or Country) VA	22102
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Joanne Neumann	202/236-3040	Joanne.Neumann@yahoo.com	
7. Client Name <input type="checkbox"/> Self			6. House ID #
Amgen			

## TYPE OF REPORT

8. Year 2005 ☒ 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	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this report
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> \$ 60,000 Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> Expenses (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).	<b>14. REPORTING METHOD.</b> Check box to indicate exp method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code

Signature Joanne Snow Neumann

Date 8/15/05

Printed Name and Title Joanne Snow Neumann

Page 1 of 3

Registrant Name Joanne Snow Neumann Client Name Amgen

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

**15. General issue area code** HCR (one per page)

**16. Specific lobbying issues**

Medicare Reimbursement

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

Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Joanne Snow Neumann	

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



Signature Joanne Snow Neumann

Date 8/15/05

Printed Name and Title Joanne Snow Neumann

Page 2 of 3

Registrant Name Joanne Snow Neumann Client Name Amgen

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

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare Reimbursement

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

Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Joanne Snow Neumann	

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

Signature

*Joanne Snow Neumann*

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Date 8/15/11

Signature

Printed Name and Title

Joanne Snow Neumann

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