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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

RECEIVED SECRETARY OF THE SENAT

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LOBBYING REPORT

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

1. Registrant name						
Organization The McManus Group						
2. Address Check if different than previously reported						
Address 1 660 Pennsylvania Ave. SE, Suite 201						
City Washington State DC	Zip Code 20003	Country US				
3. Principal place of business (if different than line 2)		<u></u>				
City State	Zip Code	Country				
	or Country					
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#				
•	nanus@mcmanusgrp.com	286096-				
7. Client Name Self		6. House ID # 369690				
Transplant Pharmacy Coalition						
10. Check if this is a Termination Report □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
12. Lobbying Firms	13. Orgai	nizations				
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporti were:					
Less than \$10,000	Less than \$10,000					
\$10,000 or more	\$10,000 or more □ ⇒ \$	5				
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. CI					
of all labbying related income from the client (including all	accounting method. See instruction	heck box to indicate ex ns for description of or				
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).	Method A. Reporting amou	ns for description of or ints using LDA definitions ints under section 6033(b)				
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amount of the Method B. Reporting amount of the Method B. Reporting amount of the Method B.	ns for description of or ints using LDA definitions ints under section 6033(b)				

Form M.M.

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Th	ne McManus Group		_ Client Name	Transplant Pharmacy Coalition
LOBBYING AC'	TIVITY. Select as m	nt during the re	porting period. `	t the general issue areas in which th Using a separate page for each co
15. General issue a	mrea code	licare/Medicaid		(one per page)
16. Specific lobby	ing issues		Add page to continu	ie specific issues description for this issue E
impieriientatioi	тога ѕирріу іве тог іпп	Humosuppi ossiv	o drago provides	I under Medicare Part B
House, Senate	ongress and Federal ag , Department of HHS (individual who acted	including CMS),	Executive Office	
First Name	Name Last Name	Suffix	Covere	d Official Position (if applicable)
7.4~	₩ McManus		Staff Director, Subcommittee	Ways and Means Health
19. Interest of each	ch foreign entity in the	e specific issues	listed on line 10	6 above 🔀 Check if None

LD-2DS (REV. 4/03)

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Registrant Name The McManus Group			Client Na	Client Name Transplant Pharmacy Coalition			
Information Upo	date Page -	Complete ONI	Y where regis	tration infor	nation has changed.		
20. Client new addres	S						
Address							
City				Zip Code	Country		
21. Client new princip	pal place of bus	iness (if different th	an line 20)				
		····		ip Code	Country		
22. New general desc	ription of client	's business or activi	ties				
LOBBYIST UPD							
23. Name of each pr	reviously repo	rted individual wl	no is <mark>no longer</mark> e	xpected to act a	is a lobbyist for the client		
T RST Name	Lust 14ans	. Suith	` [3]				
2			[4]				
ISSUE UPDATE			Fi	ind the code to	select helow		
24. General lobbyin	g issues that n	o longer pertain	.	ing the code to	30,000 00,000		
		·					
AFFILIATED O							
25. Add the following	ng affiliated or	ganization(s)			D : 1 1		
Nan	ne	Address			Principal place of Busin (city and state or country)		
***************************************		Address			City		
		C/S/Z			State Country		
·		Address			City		
		C/S/Z		·	State		
26. Name of each p	reviously repo	rted organization	that is no longer	affiliated with	the registrant or client		
		2		3			
FOREIGN ENT 27. Add the following		tias					
Name		Address	Principal	place of business	Amount of contribution		
14M)rc	Street Addres City	s State/Province	(city and	state or country)	for lobbying activities		
			City				
			City				
			State	Country			
		d foreign entity tha	t <mark>no longer</mark> owns,	<u>or</u> controls, <u>or</u> is	affiliated with the registra		
affiliated organiza	ition	E31		T ₄			
		[3]		<u>[</u>			
2		4		<u> [c</u>	فا		

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