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OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES

# LOBBYING REPORT

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

1. Registrant Name <b>The McManus Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>660 Pennsylvania Ave., SE Suite 201</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC</b>			
4. Contact Name <b>John McManus</b>	Telephone <b>(202) 548-2317</b>	E-mail (optional)	5. Sen <b>2</b>
7. Client Name <input type="checkbox"/> Self <b>Advanced Medical Technology Association</b>			6. Flow <b>36</b>

TYPE OF REPORT 8. Year 2004 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 L

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><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>40,000</u> Income (nearest \$20,000)</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (near</p> <p><b>14. REPORTING METHOD.</b> Check box to accounting method. See instructions for descri</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA</p> <p><input type="checkbox"/> Method B. Reporting amounts under sect Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sect Internal Revenue Code</p>
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Signature \_\_\_\_\_

Printed Name and Title John McManus, President, The McManus Group

LD-2 (REV. 6/98)

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Registrant Name The McManus Group Client Name Advanced Medical Technology Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 4766, Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Bill, in particular appropriations related to the FDA's Center for Devices and Radiological Health

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

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

Name	Covered Official Position (if applicable)
John McManus	Staff Director, Ways and Health Subcommittee

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title John McManus, President, The McManus Group

Form LD-2 (Rev. 6/93)

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Registrant Name The McManus Group Client Name Advanced Medical Technology Association

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LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

NONE

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

NONE

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

Name	Covered Official Position (if applicable)
John McManus	Staff Director, Ways and Means Health Subcommittee

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title John McManus, President, The McManus Group

Form LD-3 (Rev. 6/93)

Pa



Printed Name and Title: John McManus, President, The McManus Group

Form LD-2 (Rev. 6/93)

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