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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

SECRETARY OF THE

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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			
Address1 660 Pennsylvania Ave. SE Suite 300			
City Washington State De	C Zip Code 20003 Country		
3. Principal place of business (if different than line 2)			
City State City State/Zi	Zip Code Country		
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#		
	nanus@mcmanusgrp.com 286069		
7. Client Name Setf Advamed	6. House ID# 36969		
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination Date 1NCOME OR EXPENSES - Complete Either Line 1.			
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this repowere:		
Less than \$10,000	Less than \$10,000		
\$10.000 or more \(\times \) \(\times \) \(\times \)	\$10,000 or more		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate c accounting method. See instructions for description of o		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitio Method B. Reporting amounts under section 6033(Internal Revenue Code		
	Method C. Reporting amounts under section 162(e Revenue Code		

Form

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Registrant Name	nt Name The McManus Group Client Name Advamed		
LOBBYING A	CTIVITY. Select as r	ient during the r	ecessary to reflect the general issue areas in which the eporting period. Using a separate page for each connected.
15. General issu	mED - Medue area code	dical/Disease Ro	esearch/Clinical Labs (one per page)
16. Specific lob	bying issues		Ado pago to confinue apagnii, saues descriptio: "in tins issue [
Limiting use S. 1420, "Me	r fee increases in medica edical Device User Fee S	al devices. Stabilization Act	of 2005"
17. House(s) of	Congress and Federal a	agencies contac	ted Check if None
18. Name of ea	ch individual who acted	d as a lobbyist i	
First Name	Name Last Name	Suffix	Covered Official Position (if applicable) Staff Director, Ways and Means Health
John	McManus		Subcommittee Subcommittee
,			,
19. Interest of e			

Page .

Registrant Name _	egistrant Name The McManus Group		Client Name Advamed			
LOBBYING A engaged in lobby	CTIVITY. Select as	lient during the rep	essary to reflect the general issue areas in which the orting period. Using a separate page for each co ceded.			
15. General issu	e area code MMM - M	edicare/Medicaid	(one per page)			
16. Specific lobb	oying issues		Add page to continue specific issues description for this issue			
		•				
House, Sena	Congress and Federal	agencies contacted	Check if None			
18. Name of eac	ch individual who acte Name Last Name	ed as a lobbyist in t	Covered Official Position (if applicable)			
John	McManus		Staff Director, Ways and Means Health			
			Subcommittee			
19. Interest of e	each foreign entity in t	he specific issues I	isted on line 16 above Check if None			

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Registrant Name _	The McManus Group		Client Name	Advamed
LOBBYING A engaged in lobb	CTIVITY. Select as 1	ient during the r	eporting period.	et the general issue areas in which the Using a separate page for each co
15. General issu	e area code	de (Domestic &	Foreign)	(one per page)
16. Specific lob	bying issues		Add pege to confin	ue specific lesues description for this issue
Hearing on J	lapan regarding medica	I device issues		
17. House(s) of	Congress and Federal	agencies contac	ted Check i	fNone
18. Name of eac	ch individual who acted Name Last Name	d as a lobbyist i	Ī	Add a page to continue additing lobbyists for the continue additinue additinue additional additiona
John	McManus		Staff Director, Subcommittee	Ways and Means Health
19. Interest of e	ach foreign entity in th	ie specific issue	s listed on line 10	6 above 🔀 Check if None

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Registrant Name The I				ame Advamed	antion has abor	naed
nformation Up		Complete ONL	y wnere regi	stration inform	nation has chai	igeu.
Address	55					
City			State	Zip Code	Co	ountry
21. Client new princi	ipal place of busin	ess (if different tha	n line 20)			
City			State	Zip Code	Country	
22. New general desc	cription of client's	business or activit	ies			*************
LOBBYIST UPD						<u> </u>
23. Name of each p		ed individual who	o is <mark>no longer</mark> e	expected to act a	s a lobbyist for th	e clien
This rame	Lasi (vanic	Sum	[3]	T its reme		
2]			4			
<u>2</u>]			[4]			
ISSUE UPDATE			F	ind the code to s	select below.	
24. General lobbyir	ng issues that no	longer pertain	·	,,,,		
				····		
AFFILIATED O						
25. Add the followi		anization(s)	Address		Principal place	of Bus
Nar	ne		Address		(city and state	
		Address			City	
		C/S/Z			State	Country
		Address			City	
		C/S/Z			State	
26. Name of each p	reviously report	ed organization tl	nat is no longe.	r affiliated with t	he registrant or c	lient
1		2		3		
FOREIGN ENT	ITIES				***	
27. Add the followi	ng foreign entitie	es			,	
Name	Street Address City	Address State/Province Co	(city and	place of business state or country)	Amount of contribut for lobbying activiti	
			City			
			State	Country		
				·		
	suiquely rapartad t	foreion entity that i	on langer awas	or controls, or is	affiliated with the r	egistra
28. Name of each pro		ioreign endig wae.	to tonger owns,	<u> </u>		
28. Name of each pro affiliated organiza		[3]	io ionger omaș	5		

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