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OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTA

# LOBBYING REPORT

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

1. Registrant Name Christopher Reeve Paralysis Foundation			
2. Address <input type="checkbox"/> Check if different than previously reported 500 Morris Avenue			
3. Principal Place of Business (if different from line 2) City: Springfield State/Zip (or Country) NJ 07081			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Michael Manganiello, Sr.	973-379-2690		61618-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
Self			35407000

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-D

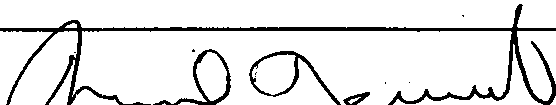
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇒ Termination Date \_\_\_\_\_

11. No Lobby

## 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 type="checkbox"/> ⇒ \$ _____ 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 this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section ( Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature 

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

LD-2 (REV. 6/98)



Printed Name and Title Michael Manganiello, Sr., Senior Vice President

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Form LD-2 (Rev.6/98)

Pa

Christopher Reeve Paralysis Foundation Self  
Registrant Name Client Name

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

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

16. Specific lobbying issues

Stem cell research

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

U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Michael Manganiello, Sr.	
Tricia Brooks	

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

Signature [Handwritten Signature] Date 1/27/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

Form LD-2 (Rev. 6/98)

Page

Christopher Reeve Paralysis Self  
Registrant Name Foundation Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

Advanced research funding

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

U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Michael Manganiello, Sr. .....	.....
Tricia Brooks .....	.....
.....	

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

Signature  Date 1/27/11

Printed Name and Title Michael Manganello, Sr., Senior Vice President

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Form LD-2 (Rev. 6/98)

Pa

Registrant Name Christopher Reeve Paralysis Foundation Client Name Self

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

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

16. Specific lobbying issues

Neurological research issues

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Michael Manganiello, Sr.	
Tricia Brooks	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *Michael Manganiello* Date 11/27/03

Printed Name and Title Michael Manganiello, Sr., Senior Vice President

Form LD-2 (Rev. 6/98)

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