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SECRETARY OF THE SENATE  
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration **07/15/2003**

2. House Identification Number

Senate Identification Number

## REGISTRANT

3. Registrant name **Patton Boggs LLP**  
 Address **2550 M Street, NW**  
 City **Washington**

State **DC** Zip **20037**

4. Principal place of business (if different from line 3)  
 City

State/Zip (or Country)

5. Telephone number and contact name  
**James B. Christian**

Contact **202-457-6484** E-mail (optional)

6. General description of registrant's business or activities  
**Law firm**

## CLIENT

7. Client name **QMed Inc.**  
 Address **25 Christopher Way**  
 City **Eatontown**

State **NJ** Zip **07724**

8. Principal place of business (if different from line 7)  
 City

State/Zip (or Country)

9. General description of client's business or activities  
**Pharmaceutical manufacturer of medial devices**

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If an listed in this section has served as a "covered executive branch official" or "covered legislative branch official" two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the served.*

Name	Covered Official Position (if applicable)
Kathleen Means	



Registrant Name **Patton Boggs LLP**

Client Name **QMed Inc.**

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**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on reverse side of Form LD-1  
**MMM**

12. Specific lobbying issues (current and anticipated)  
**Health Financing; medicare coverage and payment.**

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during the semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities

No ⇨ Go to line 14.

Yes

Complete the rest of this section for entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇨ Sign and date the registration

Yes

Complete the rest of this section for entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

Signature



Date **2/19/04**

Printed Name and Title **James B. Christian, Partner**

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