| Clerk of the House of Representatives | Secretary of the Senate |
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# LOBBYING REPORT

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

| | |
|---|---|
| 1. Registrant Name<br>**Patton Boggs LLP** | |
| 2. Address ___Check if diffferent than previously report<br>**2550 M Street, NW**<br>**Washington, DC 20037** | |
| 3. Principal Place of Business (if different from line 2)<br>City: State/Zip (or Country) | |
| 4. Contact Name Telephone E-mail (optional)<br>**James B. Christian 202-457-6484** | 5. Senate<br>**30906** |
| 7. Client Name __Self<br>**Medical Device Manufacturing Association** | 6. House<br>**31917** |

**TYPE OF REPORT** 8. Year **2005** Midyear (January 1-June 30) **_X_ OR** Year End (July 1-December 31) __

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 Lobbying A

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

| **12. Lobbying Firms** | **13. Organizations** |
|---|---|
| **INCOME** relating to lobbying activities for this reporting period was: | **EXPENSES** relating to lobbying activities for th period were: |
| Less than $10,000 __ | Less than $10,000 _ |
| $10,000 or more **_X_** ⇨ **$60,000**<br>Income (nearest $20,000) | $10,000 or more ⇨ $_____<br>Expenses (nearest $20,000) |
| 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 anyother entity for lobbying activities on behalf of the client). | **14. REPORTING METHOD**. Check box to inc accounting method. See instructions for descript<br>_**Method A.** Reporting amounts using LDA defi<br>_**Method B.** Reporting amounts under section 6( Internal Revenue Code<br>_**Method C.** Reporting amounts under section 1( Internal Revenue Code |

Signature

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

Form LD-2 (Rev 06/98)

0000400421

Registrant Name **Patton Boggs LLP** Client Name **Medical Device Manufacturing A**

**LOBBYING ACTIVITY.** Select as many as necessary to reflect the general issue areas in which the registrant eng on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as re additional page(s) as needed.

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

16. Specific lobbying issues

**-Issues related to Group Purchasing Organizations**
**-General health care issues**

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

**U.S. House of Representatives**
**U.S. Senate**
**Federal Trade Commission**

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

| Name | Covered Official Position (if applicable) | |
|---|---|---|
| **Jonathan Yarowsky** | | |
| **Karen Marangi** | | |
| **Kathy Means** | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Signature Date: 08/12/2005

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

Form LD-2 (Rev 06/98)

30004004422

Registrant Name **Patton Boggs LLP** Client Name **Medical Device Manufacturing**

## Information Update Page - Complete ONLY where registration information has changed.

| | |
|---|---|
| 20. Client new address<br>City:, Zip: | |
| 21. Client new principal place of business (if different from line 20)<br>City | State/Zip (or Country) |
| 22. New general description of client's business or activities | |

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client
**Andrew Rosenberg**

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place o (city and state o |
|---|---|---|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Own |
|---|---|---|---|---|
| | | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the regi affiliated organization

Signature J. B. Christian Date: 08/12/2005

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

Form LD-2 (Rev 06/98)

10000400423