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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 **06/15/2005**

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 **Stanislaus County**
Address **1010 10th St., Suite 6800**
City **Modesto** State **CA** Zip **95354**
8. Principal place of business (if different from line 7)
City State/Zip (or Country)
9. General description of client's business or activities
**Stanislaus County serves the public interest by promoting public health, safety, welfare and the local e
an efficient cost-effective manner.**

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 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 served.*

Name	Covered Official Position (if applicable)
Beth Moeller	
Ludmila Zawistowich	

Form LD-1 (Rev 06/98)

Registrant Name **Patton Boggs LLP**

Client Name **Stanislaus County**

LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)
Medicare reimbursement.

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

Yes

Complete the rest of this section
 entity matching the criteria abov
 proceed to line 14.

Name	Address	Principal Place of Busi (city and state or coun

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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o
 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
 outcome of the lobbying activity?

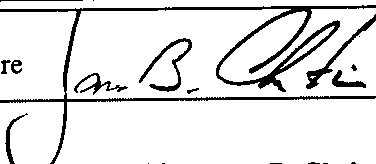
No ⇒ Sign and date the registration

Yes

Complete the rest of this section fo
 entitiy matching the criteria above,
 and date the registration.

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

Signature



Date: 08/10/2005

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

