

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
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SECRETARY OF THE  
02 JUN 12 AM**LOBBYING REPORT**

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

1. Registrant Name Public Policy Partners, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, NW, Suite 850N			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name David F. Durenberger	Telephone (202) 661-3580	E-mail (optional)	5. Senate ID 32
7. Client Name <input type="checkbox"/> Self St. Jude Medical, Inc.			6. House ID 33

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report  ⇒ Termination Date 05/30/2002 11. No Lobbying**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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 checked="" type="checkbox"/> ⇒ \$ <u>125,000.00</u> 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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptions.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA disclosure</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>
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Signature

Printed Name and Title

David F. Durenberger, President



Registrant Name Public Policy Partners, LLC Client Name St. Jude Medical, Inc.

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

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

16. Specific lobbying issues

- 1. Medicare coverage of medical technologies
- 2. Implementation of Medicare Outpatient PPS
- 3. Medicare regulatory reform

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

United States House of Representatives  
United States Senate  
HHS; CMS

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

Name	Covered Official Position (if applicable)
David F. Durenberger	

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

Signature *David Durenberger* Date 5/30/02  
Printed Name and Title David F. Durenberger, President



Registrant Name Public Policy Partners, LLC Client Name St. Jude Medical, Inc.

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

20. Client new address

21. Client new principal place of business (if different from line 20)

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

~~David F. Durenberger~~

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

MMM \_\_\_\_\_ MED \_\_\_\_\_

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

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

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

Signature  Date 5/30/0

Printed Name and Title David F. Durenberger

