

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
---	--

SECRETARY OF THE SENATE

01 FEB 14 PM 2:14

LOBBYING REPORT

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

1. Registrant Name Patton Boggs LLP	
2. Address (Check if different than previously report) 2550 M Street, NW Washington, DC 20037	
3. Principal Place of Business (if different from line 2) City, State/Zip (or Country)	
4. Contact Name Telephone E-mail (optional) James B. Christian 202-457-6484	5. Senate ID # 30906-3274
7. Client Name (Self) Alliance of Catholic Health Care Systems	6. House ID # 31917311

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31) X

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 Activity

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 this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> X ⇒ \$60,000 Income (nearest \$20,000)	\$10,000 or more ⇒ \$ 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 indicate expense accounting method. See instructions for description of options. Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

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

Form LD-2 (Rev 06/98)

<http://ntdcintrane/dfirm/lob.../CDDA18F415DA2580802569AE00528828?OpenDocumen> 01/23/2001

Registrant Name **Patton Boggs LLP**

Client Name **Alliance of Catholic Health Care Systems**

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

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

16. Specific lobbying issues

Medicare reimbursement

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

House, Senate

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

Name	Covered Official Position (if applicable)	New
Willis Gradison	None	

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

Signature

Date

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

Form LD-2 (Rev 06/98)

<http://ntdcintranet/dcfirm/lobb.../76C1D56CC4407BFF852569B300575414?OpenDocumen> 01/23/2001

Registrant Name **Patton Boggs LLP**

Client Name **Alliance of Catholic Health Care Systems**

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

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

16. Specific lobbying issues

medical confidentiality, value-based partnering

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

House of Representatives; Senate

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

Name	Covered Official Position (if applicable)	New
Willis Gradison	None	

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

Signature  Date 1/30/01

Printed Name and Title James B. Christian, Partner

Form LD-2 (Rev 06-98)