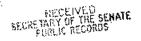
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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LOBBYING REPORT

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

Registrant Name Patton Boggs LLP	***************************************		
2. Address Check if different than previously reported	· · · · · · · · · · · · · · · · · · ·		
2550 M Street, NW			
City: Washington State/Zie	(or Country) DC 20037		
4. Contact Name Telephone James B. Christian, Jr. (202) 457-6484	E-mail (optional)	5. Senate ID # 30906-1787	
7. Client Name L. Self New York State Association of Health Care Providers	6. House ID # 31917092		
TYPE OF REPORT 8. Year 2000 Midyear (January 1	-June 30) 🧖 OR Year End (July I-	Docember 31)	
9. Check if this filing amends a previously filed version of this rep	oort E:		
10. Check if this is a Termination Report \square \Leftrightarrow Termination	Date 11. No Lobbying	Activity 🖺	
INCOME OR EXPENSES - Complete Either Line 12 OR 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 - 17	Less than \$10,000 🗔		
\$10,000 or more Fi c \$ 40,000 Income (nearest \$20,000)	\$10,000 or more □ ♀ § Expen	ses (nearest \$20,000)	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check accounting method. See instructions for		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only		
	C 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	Date		
Printed Name and Title James B. Christia	n, Jr., Partner		
LD-2 (REV. 6/98)		Page 1 of 3	
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Registrant Name	Patton Boggs LLP	Client Na.	nie New York State Associa Providers	tion of Health Care
in lobbying on beha		ny codes as necessary to reflect is porting period. Using a separa		
15. General issue a	rea code <u>MMM</u> (or	e per page)		
16. Specific tobbyi	ng issues			
	mination of the automatic 3	some health reimbursement prov 5% cut, gt a]. {S. 1459, S. 1310		
17. House(s) of Co.	ngress and Federal agencies	s contacted T Check if	None	
U.S. House of Represe U.S. Senate Department of Heat White House	entatives th and Human Services			
18. Name of each i	ndividual who acted as a lo	bbyist in this issue area		
	Name	ŀ	Official Position (if applicable	ا بسا
Martha M. Kendrick				10
Willis T. Gradison				C
JoAnn V. Willis		**************************************		F
Christine L. Johnston				E
		***************************************	······································	
	······			
19. Interest of each	foreign entity in the specifi	c issues listed on line 16 above	Check if None	1
Signature	···		Date	
Printed Name an	d Title Ja	mes B. Christian, Jr., Parti	ier	
Form LD-2 (REV. 6	/98)			Page 2 of 3

A ...

Registrant Name	Patton Boggs LLP	Client Name	New York State Association of Health Care Providers
in lobbying on behalf	TIVITY . Select as many codes as nece of the client during the reporting period. litional page(s) as needed.	ssary to reffect the g Using a separate p	cneral issue areas in which the registrant engaged tage for each code, provide information as
15. General issue are:	a code INS (one per page)		
16. Specific tobbying	íssues		
Insurance and worker	s compensation legislation general mor	nitoring	
17. House(s) of Cong	ress and Federal agencies contacted D	Check if Nor	ne
U.S. House of Represent	latives		
18. Name of each ind	ividual who acted as a lobbyist in this iss		cial Position (if applicable) New
Martha M. Kendrick	·····		
Christine L. Johnston			₽ E
JoAnn V. Willis			j E
			T.
			(C)
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			r ::
19. Interest of each fo	reign entity in the specific issues listed or	n line 16 above 🛭 🧖	Check if None
Signature an	B. Quet	D.	ate <i>\$\\$\\$\0</i>
Printed Name and	Title James B. Chris	tian, Jr., Partner	
Form LD-2 (REV. 6/9	8)		Page 3 of 3