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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 **01/01/2003**

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 **Conceptus Inc.**
 Address **1021 Howard Avenue**
 City **San Carlos**

State **CA** Zip **94070**

8. Principal place of business (if different from line 7)
City

State/Zip (or Country)

9. General description of client's business or activities
Medical device manufacturer

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 a 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 th served.*

Name	Covered Official Position (if applicable)
Aubrey A. Rothrock	
Kathy Means	Chief Health Care Analyst Senate Finance Committe

Registrant Name **Patton Boggs LLP**

Client Name **Conceptus Inc.**

LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)
Reimbursement and coding for medical device.

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

Yes

Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

14. Is there any foreign entity that:

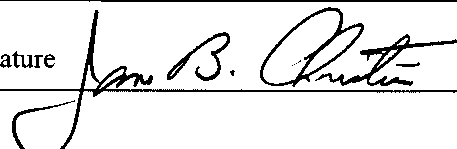
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration

Yes

Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature 

Date 1/21/03

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

