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LOBBYING REPORT

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

Greenberg Traurig, LLP			
2. Registrant Address	,,	Suite 500 DC 20006	
3. Principal Place of Business (if different fro	om line 2)		
City	State/Zip (or Country)		
4. Contact Name Nancy E. Taylor	•	l (optional) prn@gtlaw.com	5. Senate ID # 16896-140
7. Client Name Self The Business Roundtable			6, House ID # 31595019
INCOME OR EXPENS		Line 12 OR Line 13	tions
12. Lobbying F INCOME relating to lobbying active period was:		EXPENSES relating to lobbying active period were:	
•			•
Less than \$10,000		Less than \$10,000 □	·
\$10,000 or more 🔀 >> \$\$	60,000.00 ncome (nearest \$20,000)	\$10,000 or more	Expenses (nearest \$20
\$10,000 or more 🔀 >> \$\$	ded to the nearest ome from the client trant by any other entity	\$10,000 or more	Expenses (nearest \$20 ok box to indicate for description of sing LDA definit
\$10,000 or more	ded to the nearest ome from the client trant by any other entity	\$10,000 or more	Expenses (nearest \$2 k box to indicator description of the color of th

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Client Name:		The Business Roundtable	
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15.	General issue	area code HCR (one per page)	
16.	Specific Lobi Healthcare I Tort Reform	Reform	
17.		Congress and Federal agencies contacted presentatives	☐ Check if None
18.		h individual who acted as a lobbyist in this i	ssue area Covered Official Position (if applicable)
18.	Name		
18.	Name Kolton, Elea	anor	
18.	Name Kolton, Elea	anor y	
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18.	Name Kolton, Elea	anor y	
	Name Kolton, Elea Rocco, Holl Taylor, Nan	anor y	Covered Official Position (if applicable)

	ant Name:	Greenberg Traurig, LLP	
Client Name: The Business Roundtable			
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15.	General issue	e area code <u>MMM</u> (one per page)	
16.	Specific Lob Medicare Ro		
1.7	II (-) -£(Conserved and Fodoval agencies contested	☐ Check if None
17.	Department Executive O	Congress and Federal agencies contacted of Health & Human Services of the President presentatives	El Check if None
18.	Name of eac	h individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
	Rocco, Holl	Y	
	Taylor, Nar		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_		d on line 16 above 🔀 Check if None
19.	Interest of e	ach foreign entity in the specific issues liste	d on line 16 above Check if None

Date 8/9/2004

Signature	- U - V		
Printed Name and Title	Nancy E. Taylor - Shareholder		Pa

	rant Name:	Greenberg Traurig, LLP	
Clie	nt Name:	The Business Roundtable	
enga	ged in lobbyir	IVITY. Select as many codes as necessary g on behalf of the client during the reporting tested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
	Specific Lobl	area code TOR (one per page) bying issues Medical Malpractice	
17.		Congress and Federal agencies contacted presentatives	☐ Check if None
18.	Name of eac	n individual who acted as a lobbyist in this i	ssue area Covered Official Position (if applicable)
	Rocco, Holl	7	
	Taylor, Nan	cy E.	
19.		ach foreign entity in the specific issues listed	on line 16 above ⊠ Check if None Date 8/9/2004

Signature			
Printed Name and Title	Nancy E. Taylor - Shareholder		Pa