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LOBBYING REPORT

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

1. Registrant Name Medical Device Manufacturers Association (MDMA)			
2. Address <input type="checkbox"/> Check if different than previously reported 1900 K Street, NW, Suite 100			
3. Principal Place of Business (if different from line 2) Washington DC, 20006 City: State/zip (or Country)			
4. Contact Name Mark B. Leahey, Esq.	Telephone (202) 496-7150	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-De

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 Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME 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 type="checkbox"/> ⇔ \$ _____ 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60: Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16: Internal Revenue Code</p>
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Signature Mark B. Leahey Date 7/6/2004

Printed Name and Title

 Mark B. Leahey, Executive Director

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PAGE



Registrant Name Medical Device Manufacturers Association (M Client Name Self

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

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

16. Specific lobbying issues

Issues relating to medical device manufacturers including Food and Drug Administration oversight and inspections.


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

House of Representatives
Senate
Food and Drug Administration

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

Name	Covered Official Position (if applicable)
Mark B. Leahey	
Benjamin H. Wallfisch	

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

Signature  Date 7/6/2004

Printed Name and Title Mark B. Leahy, Executive Director

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Registrant Name Medical Device Manufacturers Association (M Client Name self

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

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

16. Specific lobbying issues

Issues relating to reimbursement for medical devices
H.R. 1 and S. 1, Medicare Prescription Drug and Modernization Act of 2003

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

House of Representatives
Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Mark B. Leahey	
Benjamin H. Wallfisch	
Kathleen E. Means	

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

Signature  Date 7/6/2004

Printed Name and Title _____

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Registrant Name Medical Device Manufacturers Association (M) Client Name self

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

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

16. Specific lobbying issues

Implementation of the Medical Device User Fee and Modernization Act (Pub. L. 107-250)


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

House of Representatives
Senate
Food and Drug Administration

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

Name	Covered Official Position (if applicable)
Mark B. Leahey	
Benjamin H. Wallfisch	
John Manthei	

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

Signature  Date 7/16/2004

Printed Name and Title _____

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Registrant Name al Device Manufacturers Association (IV Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 HCR (one per page)

16. Specific lobbying issues

Issues relating to hospital group purchasing organizations

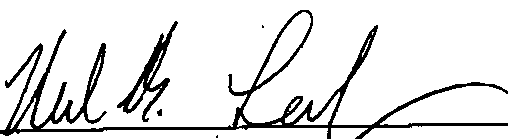
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate
Department of Health and Human Services
Federal Trade Commission

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

Name	Covered Official Position (if applicable)
Mark B. Leahey	
Benjamin H. Wallfisch	
Jonathan Yarowsky	
Andrew Rosenberg	
Louis Dupart	
Krista Stark	

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

Signature  Date 7/6/2004

Printed Name and Title _____

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