





Registrant Name David Shultz Client Name National Electrical Manufacturers Ass

**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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Medical Device User Fee and Modernization Act (MDUFMA)  
MQSA Reauthorization

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

US Senate  
US House of Representatives  
US Food and Drug Administration

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issue

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
David	Shultz		

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

Printed Name and Title David G. Shultz

0000393064







Registrant Name David Shoultz Client Name National Electrical Manufacturers Ass

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suf

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address City C/S/Z	City State Country
	Address City C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province, Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own perce client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c  
affiliated organization

1

3

5

2

4

6

Printed Name and Title David G. Shoultz

*David G. Shoultz* 8/11  
Add a page for more up

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