

SHAW PITTMAN
POTTS & TROWBRIDGE
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

SECRETARY OF THE SENATE
99 MAY -5 PM 3:05
H.D.

May 5, 1999

By Hand Delivery

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

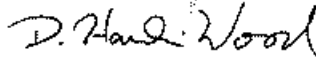
Re: LDA Registration & Amended Reports

To Whom It May Concern :

Please find enclosed 2 new Lobbying Registrations (*National IPA Coalition* and *Liberty Medical Supply*) along with 2 amended registrations. Included with the amended registrations are copies of your letter requesting them.

Thank you for cooperation and if there are any questions or concerns, please do not hesitate to call me at (202) 663-8346.

Sincerely,



D. Hardison Wood
Project Assistant

Attachments

Clerk of the House of Representative
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

I. Effective Date of Registration 5/5/99

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name **Shaw Pittman Potts & Trowbridge**

Address **2300 N Street, NW**

City **Washington,**

State **DC**

Zip **20037-1128**

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 663-8346

Contact **Hardison Wood**

E-mail (optional)

6. General description of registrant's business or activities

Law Firm

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10 Self

7. Client name **National IPA Coalition**

Address **1999 Harrison Street**

City **Oakland**

State **CA**

Zip **94612**

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

City

State/Zip (or Country)

9. General description of client's business or activities

Physician's Association Organization

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 any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Bruce M. Fried	Director, Center for Health Plans & Providers, HCFA

Registrant Name Shaw Pittman Potts & Trowbridge Client Name National IPA Coalition

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR

12. Specific lobbying issues (current and anticipated):

Various general health care issues.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a 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 in client

Signature: _____ Date: _____

Printed Name and Title: Bruce M. Fried, Partner