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LOBBYING REPORT

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

1. Registrant Name WINSTON & STRAWN			
2. Address <input type="checkbox"/> Check if different than previously reported 1400 L Street			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Thomas L. Mills	(202) 371-3714	tmills@winston.com	4168
7. Client Name <input type="checkbox"/> Self			6. House ID #
American Lithotripsy Society			3051

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31) 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 Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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 align="center">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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Thomas L. Mills, Partner

Registrant Name WINSTON & STRAWN Client Name American Lithotripsy Society

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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

Medicare coverage and reimbursement

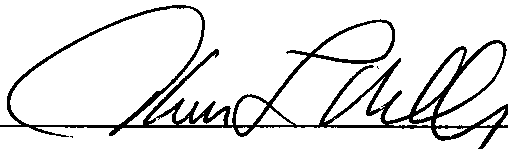
17. House(s) of Congress and Federal agencies contacted Check if None

Centers for Medicare and Medicaid Services
Senate Aging Committee

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

Name	Covered Official Position (if applicable)
Thomas L. Mills	
John D. McMickle	
Thomas M. Buchanan	
Laura Chenoweth	

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

Signature  Date 08/06/02
Printed Name and Title Thomas L. Mills, Partner

