

Clerk of the House of Representatives  
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

04 FEB 2

**LOBBYING REPORT**

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

1. Registrant Name <b>David G. Shultz</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>3801 North 36th Road, Arlington, VA 22207</b>			
3. Principal Place of Business (if different from line 2) <b>Same as #2</b> City: _____ State/zip (or Country) _____			
4. Contact Name <b>Robert G. Britain</b>	Telephone <b>(703) 841-3241</b>	E-mail (optional)	5. Senate ID # <b>50023-24</b>
7. Client Name <input type="checkbox"/> Self <b>National Electrical Manufacturers Association (Division 9)</b>			6. House ID # <b>34663001</b>

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

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**

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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 checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> 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><b>EXPENSES</b> 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><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitive accounting method.</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>

*David G. Shultz*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_ David G. Shultz \_\_\_\_\_

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Registrant Name David G. Shultz Client Name National Electrical Manufacturers Association (D

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

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

16. Specific lobbying issues

Medical Device User Fee and Modernization Act (MDUFMA) Technicals bill  
FDA Third Party Review Program  
MQSA Reauthorization  
Competitive Bidding  
Medical Malpractice

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

Name	Covered Official Position (if applicable)
David G. Shultz	

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

Signature David G. Shultz Date 2/23/04

Printed Name and Title David G. Shultz 

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Registrant Name David G. Shultz Client Name National Electrical Manufacturers Association (NE

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

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

16. Specific lobbying issues

CMS Reimbursement  
CMS Coverage Issues

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

US Senate  
US House of Representatives  
Center for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
David G. Shultz	

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

Signature  Date 2/23/04

Printed Name and Title David G. Shultz 

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