

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 L
05 AUG 18 P.

LOBBYING REPORT

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

1. Registrant Name <u>Stryker Orthopaedics</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>325 Corporate Drive</u>			
3. Principal Place of Business (if different from line 2) City: <u>Mahwah</u> State/Zip (or Country) <u>New Jersey 07430</u>			
4. Contact Name <u>Eric Rugo</u>		Telephone <u>201-831-5684</u>	E-mail (optional) <u>Eric.Rugo@stryker.com</u>
5. Senate ID #			6. House ID #
7. Client Name <input checked="" type="checkbox"/> Self			

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-Decer

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇒ \$ 50,000
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6033 Internal Revenue Code

☒ Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Eric P. Rugo



Printed Name and Title Eric Rygo Director of Reimbursement Stryker Ortho

LD-2 (REV. 6/98)

P.2

Registrant Name Stryker Orthopaedics Client Name Self

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

16. Specific lobbying issues

Medicare In-Patient Reimbursement

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

- House of Representatives
- Senate

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

Name	Covered Official Position (if applicable)
<u>Ned Lipes</u>	<u>Exec V.P. Stryker Corp.</u>
<u>Eric Rugo</u>	<u>Director of Reimbursement Stryker</u>
<u>Cindy Schawe</u>	<u>V.P. Hip Team Stryker or</u>
<u>John Bench</u>	<u>Independent</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature Eric P. Rugo Date 8/8/05



Printed Name and Title Eric Hugo Director of Reimbursement Stryker Ortho

Form LD-2 (Rev.6/98)

Page 2

Registrant Name Stryker Orthopaedics Client Name Self

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

20. Client new address

n/a

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

City

State/Zip (or Country)

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

n/a

LOBBYIST UPDATE

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

n/a

ISSUE UPDATE

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

n/a

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cou
<u>n/a</u>		

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

n/a

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
<u>n/a</u>			

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

n/a

Signature

Eric P. Ray

Date

8/8/05

Printed Name and Title Eric Rago Director of Reimbursement Stryker Ortho

Form LD-2 (Rev. 6/98)

Page