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SECRETARY OF THE SENATE
 03 AUG -8 2:05 PM

LOBBYING REPORT

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

1. Registrant Name Hunton & Williams		
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1900 K Street, N.W. City Washington State/Zip (or Country) DC 20006		
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____		
4. Contact Name Frederick H. Graefe	Telephone 202-778-2218	E-mail (optional) _____
7. Client Name <input type="checkbox"/> Self Proton Therapy Group		5. Senate ID # 18978 571
		6. House ID # 30471 038

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

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000) <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> Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000) <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) the Internal Revenue Code
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Patricia Du...

Signature *Patricia Purdy* Date _____

Printed Name and Title **Patricia Purdy - Public Policy Advisor** Pa

Registrant Name: Hunton & Williams

Client Name: Proton Therapy Group

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

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

16. Specific Lobbying issues

Assist coalition with comment on proposed rule making governing payment rates for simple vs. complex Proton Therapy.

17. House(s) of Congress and Federal agencies contacted
**Department of Health & Human Services
Executive Office of the President
House of Representatives
Senate**

Check if None

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

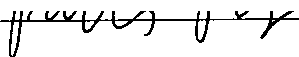
Name	Covered Official Position (if applicable)
Friedman, Francine E.	
Graefe, Frederick H.	
Purdy, Patricia	

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

Check if None

[Handwritten Signature]

00000260944

Signature 

Printed Name and Title Patricia Purdy - Public Policy Advisor Pa

Registrant Name: Hunton & Williams
 Client Name: Proton Therapy Group

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

- 20. Client new address

- 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

LOBBYIST UPDATE

- 23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
 - Epley, Mark D.
 - Friedman, Francine E.
 - Hastie, Rod B.
 - Miller, James F.

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

- 25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

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

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

Signature *Patricia Purdy* Date 08/08/2008

Printed Name and Title Patricia Purdy - Public Policy Advisor Pag