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LOBBYING REPORT

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

1. Registrant Name Patton Boggs LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 2550 M Street, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20037			
4. Contact Name James B. Christian, Jr.	Telephone (202) 457-6484	E-mail (optional)	5. Senate ID # 30906-1674
7. Client Name <input type="checkbox"/> Self National Marrow Donor Program			6. House ID # 31917083

TYPE OF REPORT 8. Year 99 ☐ 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 Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR 13	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> \$ <u>\$20,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6031(h)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____ Date _____

Printed Name and Title James B. Christian, Jr., Partner

Registrant Name Patton Boggs LLP

Client Name National Marrow Donor Program

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 HCR (one per page)

16. Specific lobbying issues

National Bone Marrow Program
Stem Cell Research

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

U.S. House of Representatives
U.S. Senate
U.S. Department of Health and Human Services

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

Name	Covered Official Position (if applicable)	New <input type="checkbox"/>
Martha M. Kendrick		<input type="checkbox"/>
JoAnn V. Willis		<input type="checkbox"/>
Sascha M. Burns		<input checked="" type="checkbox"/>
Elizabeth O'Hara		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title James B. Christian, Jr., Partner

Form LD-2 (REV. 6/98)

Page 2 of 3

Registrant Name Patton Boggs LLP

Client Name National Marrow Donor Program

LOBBYING REPORT ADDENDUM

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

16. Specific lobbying issues (include bill numbers and specific executive branch actions).

Labor/HHS Appropriations Bill

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

U.S. House of Representatives

U.S. Senate

Department of Health and Human Services

18. Name of each employee who acted as a lobbyist (list covered official position if applicable).

Name	Covered Official Position (if applicable)	New <input type="checkbox"/>
Martha M. Kendrick		<input type="checkbox"/>
JoAnn V. Willis		<input type="checkbox"/>
Satcha M. Burns		<input checked="" type="checkbox"/>
Elizabeth O'Hara		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature

James B. Christian, Jr.

Date

8/16/99

Printed Name and Title

James B. Christian, Jr., Partner