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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 - Check if different than previously report 2550 M Street, NW Washington, DC 20037	
3. Principal Place of Business (if different from line 2) City: State/Zip (or Country)	
4. Contact Name Telephone E-mail (optional) James B. Christian 202-457-6484	5. Senate ID # 309906-3185
7. Client Name - Self Minimed, Inc.	6. House ID # 31917303

TYPE OF REPORT 8. Year **2000** Midyear (January 1-June 30) ____ OR Year End (July 1-December 31) **X**

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 Line 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 ____	Less than \$10,000 ____
\$10,000 or more <u>X</u> ⇒ <u>\$40,000</u> Income (nearest \$20,000)	\$10,000 or more ⇒ \$ ____ 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 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

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

Form LD-2 (Rev 06/98)

<http://ntdcintranet/dcfirm/lob.../4A926E20B9795A18852569BD005EE1E0?OpenDocumen> 02/07/2001

Registrant Name **Patton Boggs LLP**Client Name **Minimed, Inc.**

LOBBYING ACTIVITY. Select as many 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

Medicare coverage of insulin infusion pumps17. House(s) of Congress and Federal agencies contacted ☐ Check if None**United States House of Representatives****United States Senate****Health Care Financing Administration**

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

Name	Covered Official Position (if applicable)	New
Aubrey Rothrock	None	
John Jonas	None	

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

Signature



Date

2/13/01

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

Form LD-2 (Rev 06-98)