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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 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 # 30906-2043
7. Client Name <input type="checkbox"/> Self Preneed Insurers Government Programs Coalition	6. House ID # 31917102

TYPE OF REPORT 8. Year 2002 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 Line 13	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$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 details of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(e) 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**

Registrant Name **Patton Boggs LLP**

Client Name **Preneed Insurers Government Program Coalition**

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 requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

**Disability/TANF
Preneed Funeral Arrangements
Funeral Rule
Long term care insurance issues**

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

**U.S. House of Representatives
U.S. Senate
Federal Trade Commission
Department of Treasury
Internal Revenue Service
Federal Trade Commission
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)	None
Martha Kendrick	None	
John Jonas	None	
Elizabeth Ring	None	

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

Signature *JB Christian/02/12/02* Date 4/12/02

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

