

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
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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration **02/15/2004**

2. House Identification Number

Senate Identification Number

### REGISTRANT

3. Registrant name **Patton Boggs LLP**  
Address **2550 M Street, NW**  
City **Washington**

State **DC** Zip **20037**

4. Principal place of business (if different from line 3)  
City

State/Zip (or Country)

5. Telephone number and contact name  
**James B. Christian**

Contact **202-457-6484** E-mail (optional)

6. General description of registrant's business or activities  
**Law firm**

### CLIENT

7. Client name **Residential Treatment Centers Inc.**  
Address **2101 Court St.**  
**P.O. Box 1197**  
City **Sioux City**

State **IA** Zip **51102**

8. Principal place of business (if different from line 7)  
City

State/Zip (or Country)

9. General description of client's business or activities  
**Youth and family service provider.**

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If a listed in this section has served as a "covered executive branch official" or "covered legislative branch official" two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which th served.*

Name	Covered Official Position (if applicable)
Tom Downs	
Beth Moeller	
Jessica Roos	

Form LD-1 (Rev 06/98)

<http://ntdcintranet/DCFirm/lobby/LobbDisc.nsf/19c3dd1a150304038025698f005e7f4d/87...> 2/

Registrant Name **Patton Boggs LLP**

Client Name **Residential Treatment Centers Inc.**

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on reverse side of Form LD-HCR

12. Specific lobbying issues (current and anticipated)  
**Appropriations projects.**

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes

Complete the rest of this section for entity matching the criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration

Yes

Complete the rest of this section for entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

Signature *James B. Christian*

Date *3/2/03*

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

