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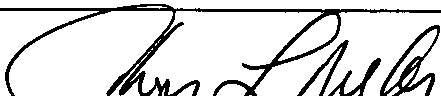
LOBBYING REPORT

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

1. Registrant Name Winston & Strawn, LLP			
2. Address: <input type="checkbox"/> Check if different than previously reported 1400 L Street, N.W.			
3. Principal Place of Business (if different from line 2) Washington D.C. 20005 City: State/zip (or Country)			
4. Contact Name Thomas L. Mills	Telephone (202) 371-5714	E-mail (optional) tmills@winston.com	5. Senate ID # 41682-90
7. Client Name <input type="checkbox"/> Self American Lithotripsy Society			6. House ID # 30511037

TYPE OF REPORT 8. Year 2003 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 ☐**INCOME OR EXPENSES** Complete Either Line 12 OR Line 13

12. Lobbying Firms 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"/> ⇌ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate appropriate accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code
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8/8/03

Signature [Signature] Date 1/1

Printed Name and Title Thomas L. Mills, Partner

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Registrant Name Winston & Strawn, LLP Client Name American Lithotripsy Society

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare coverage and reimbursement

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

☐ Check if None

Centers for Medicare and Medicaid Services
Senate Aging Committee

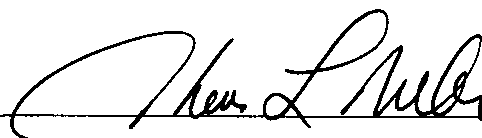
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Thomas L. Mills	
John D. McMickle	
David W. Broome	

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

☒ Check if None

Signature



Date

08/09/03

Printed Name and Title Thomas L. Mills, Partner

Form LD-2 (Rec. 4/03)

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